

FILE NOTATIONS

Entered in NID File .....  
Location Map Pinned .....  
Card Indexed .....

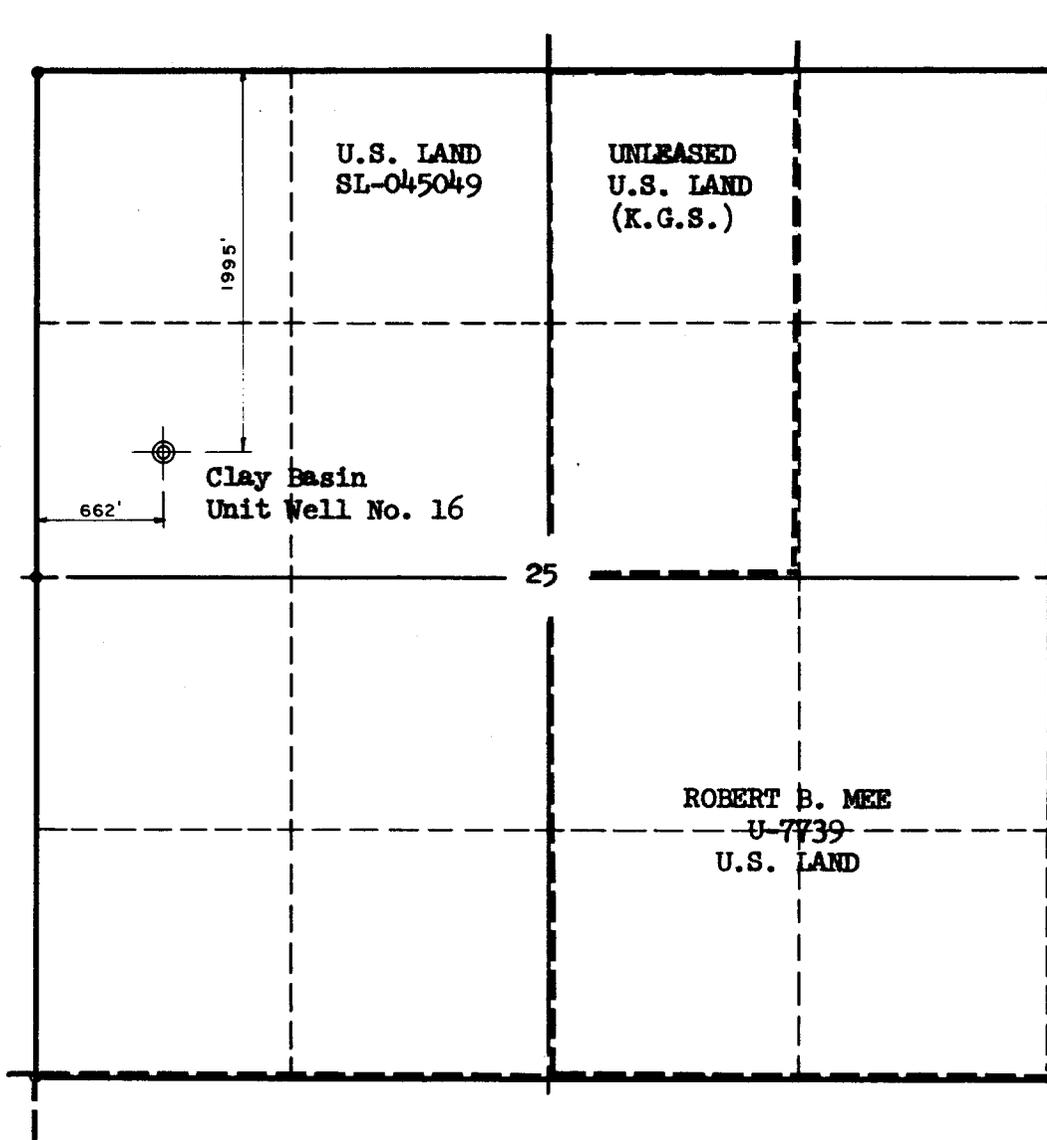
Checked by Chief .....  
Approval Letter 11.9.69 .....  
Disapproval Letter .....

COMPLETION DATA:

Date Well Completed 11-28-69 Location Inspected .....  
OW..... WW..... TA..... Bond released  
GW..... OS..... PA..... State or Fee Land .....

LOGS FILED

Driller's Log 12-3-69 .....  
Electric Logs (No.) 3 .....  
E..... F..... Dual I Lat..... GR-N..... Micro.....  
BHC Sonic GR..... Lat..... MI-I..... Sonic.....  
CBLog..... CCLog..... Others.....



- ⊕ = Well
- ⊕ = Stone Corner
- ⊕ = Pipe Corner

This is to certify that the above plat was prepared from field notes of actual surveys made under my supervision and that the same are true and correct to the best of my knowledge.

*K. A. Loya*  
-----  
Engineer

Elevation by spirit levels (B.M.)  
USC&GS 2-102, 1962

Utah Registration No. 2707

ENGINEERING RECORD	
W.O.	1070-10956
Surveyed by	J.B. Carricaburu 10/1/69
Weather	Warm
References	G.L.O. Plat
LOCATION DATA	
Field	Clay Basin
Location	SW NW Sec. 25, T.3N., R.24E.
County	Daggett
State	Utah
Well Elev.	6801'

 <b>MOUNTAIN FUEL</b> SUPPLY COMPANY ROCK SPRINGS, WYOMING	
<b>WELL LOCATION</b>  Clay Basin Unit Well No. 16	
DRAWN: 10/2/69 DGH	SCALE: 1 inch = 1000 feet
CHECKED: <i>Rwm</i> CK	DRWG.
APPROVED: KAL	NO. M-9697

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK  
 DRILL  DEEPEN  PLUG BACK

b. TYPE OF WELL  
 OIL WELL  GAS WELL  OTHER  SINGLE ZONE  MULTIPLE ZONE

2. NAME OF OPERATOR  
 Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR  
 P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)\*  
 At surface 1995' FNL, 662' FWL SE SW NW  
 At proposed prod. zone same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*  
 14 miles east of Dutch John, Utah

15. DISTANCE FROM PROPOSED\* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)  
 1997'

16. NO. OF ACRES IN LEASE  
 1440.00

17. NO. OF ACRES ASSIGNED TO THIS WELL  
 -

18. DISTANCE FROM PROPOSED LOCATION\* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.  
 3720' Unit 10

19. PROPOSED DEPTH  
 6400'

20. ROTARY OR CABLE TOOLS  
 Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)  
 GR 6801'

22. APPROX. DATE WORK WILL START\*  
 October 20, 1969

5. LEASE DESIGNATION AND SERIAL NO.  
 SL - 045049

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
 -

7. UNIT AGREEMENT NAME  
 Clay Basin Unit

8. FARM OR LEASE NAME  
 Unit Well

9. WELL NO.  
 16

10. FIELD AND POOL, OR WILDCAT  
 Clay Basin *Clay Basin*

11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA  
 SW NW 25-3N-24E

12. COUNTY OR PARISH  
 Daggett

13. STATE  
 Utah

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4	9-5/8	36	300	167
7-7/8	4-1/2	11.6	To be determined	

We would like your permission to drill the subject well to an estimated depth of 6400'. Anticipated formation tops are as follows: Mancos at the surface, Frontier at 5860', Mowry at 6000', Dakota at 6230' and Morrison at 6364'. We plan to mud drill this well.

APPROVED BY DIVISION OF  
OIL & GAS CONSERVATION

DATE 11-9-69  
 BY Clayton P. [Signature]

API NO. 43-009-30002

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED B. J. Craft pr TITLE Vice President, Gas Supply Operations DATE Oct. 7, 1969

(This space for Federal or State office use)

PERMIT NO. 43-009-30002 APPROVAL DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

26

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

LAND OFFICE \_\_\_\_\_  
LEASE NUMBER \_\_\_\_\_  
UNIT Clay Basin Unit  
Dakota Participating Area

**LESSEE'S MONTHLY REPORT OF OPERATIONS**

State Utah County Daggett Field Clay Basin

The following is a correct report of operations and production (including drilling and producing wells) for the month of OCT - 1969, 19\_\_\_\_,

Agent's address P.O. Box 11368 Company MOUNTAIN FUEL SUPPLY COMPANY

Salt Lake City, Utah 84111 Signed E. Murphy

Phone 328-8315 Agent's title DIVISIONAL CHIEF ACCOUNTANT

SEC. AND 1/4 OF 1/4	TWP.	RANGE	WELL NO.	DAYS PRODUCED	BARRELS OF OIL	GRAVITY	CU. FT. OF GAS (In thousands)	GALLONS OF GASOLINE RECOVERED	BARRELS OF WATER (If none, so state)	REMARKS (If drilling, depth; if shut down, cause; date and result of test for gasoline content of gas)
SW NW 25	3N	24E	16		<u>C. L. Sparks SLC 045049</u>					Spudded 10-30-69 Drilling 330' 10-31-69

NOTE.—There were \_\_\_\_\_ runs or sales of oil; \_\_\_\_\_ M cu. ft. of gas sold;

NOTE.—Report on this form is required for each calendar month, regardless of the status of operations, and must be filed in duplicate with the supervisor by the 6th of the succeeding month, unless otherwise directed by the supervisor.

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SL - 045049																				
2. NAME OF OPERATOR Mountain Fuel Supply Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																				
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901		7. UNIT AGREEMENT NAME Clay Basin Unit																				
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1995' FNL, 662' FWL SW NW		8. FARM OR LEASE NAME Unit Well																				
14. PERMIT NO. -	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 6801	9. WELL NO. 16																				
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Clay Basin																				
<table border="0"> <tr> <th colspan="2">NOTICE OF INTENTION TO:</th> <th colspan="2">SUBSEQUENT REPORT OF:</th> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) Supplementary history <input checked="" type="checkbox"/></td> <td></td> </tr> </table>		NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>	FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>	SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>	REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Supplementary history <input checked="" type="checkbox"/>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA. SW NW 25-3N-24E., 6th PM
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:																				
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		12. COUNTY OR PARISH Daggett																				
		13. STATE Utah																				

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
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REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Supplementary history <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Depth 775', drilling.

Spudded October 30, 1969.

Landed 9-5/8"OD, 36#, J-55 surface casing at 322.91' KBM and set with 167 sacks of regular cement, returned 7 barrels of cement to surface.

18. I hereby certify that the foregoing is true and correct

SIGNED B. H. Croft TITLE Vice President, Gas Supply Operations DATE Nov. 3, 1969

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SL - 045049
2. NAME OF OPERATOR Mountain Fuel Supply Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901		7. UNIT AGREEMENT NAME Clay Basin Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1995' FNL, 662' FWL SW NW		8. FARM OR LEASE NAME Unit Well
14. PERMIT NO. -	15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 6813.44' GR 6801'	9. WELL NO. 16
		10. FIELD AND POOL, OR WILDCAT Clay Basin
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW NW 25-3N-24E., 6th PM
		12. COUNTY OR PARISH Daggett
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Supplementary history</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) \*

Depth 6293', making DST #3.

DST #1: 5885-5935', Frontier, IO 1/2 hour, ISI 1 1/2 hours, FO 2 hours, FSI 4 hours, opened with good blow, gas in 29 minutes, reopened, 1/4 hour 58 Mcf, 1/2 hour 72 Mcf, 1 hour 171 Mcf, 2 hours 166 Mcf, recovered 180' gas cut mud.  
IHP 2839, IOFP's 4.2-4.2, ISIP 2214, FOFP's 8.4-12.6, FSIP 2339, FHP 2839 psi.

DST #2: 5981-6020', Frontier, IO 1/2 hour, ISI 1 1/2 hours, FO 235 minutes, FSI 4 hours, opened with strong blow, gas in 22 minutes, reopened, 1/4 hour 39 Mcf, 1 hour 39 Mcf, 1 hour 11 Mcf, 2 hours 9 Mcf, recovered 30' oil and 180' gas cut mud.  
IHP 2860, IOFP's 43-63, ISIP 1985, FOFP's 63-108, FSIP 2443, FHP 2837 psi.

18. I hereby certify that the foregoing is true and correct  
SIGNED B. W. Croft TITLE Vice President, Gas Supply Operations DATE Nov. 19, 1969

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL & GAS CONSERVATION  
1588 West North Temple  
Salt Lake City, Utah 84116

REPORT OF WATER ENCOUNTERED DURING DRILLING

Well Name & Number Clay Basin Unit No. 16  
Operator Mountain Fuel Supply Co. Address SLC, Utah Phone 328-8315  
Contractor Signal Drilling Co. Address Casper, Wyo. Phone \_\_\_\_\_  
Location SW 1/4 NW 1/4 Sec. 25 T. 3 N, R. 24 E. Daggett County, Utah  
SE SW  
Water Sands:

<u>Depth</u>		<u>Volume</u>	<u>Quality</u>
<u>From:</u>	<u>To:</u>	<u>Flow Rate or Head:</u>	<u>Fresh or Salty:</u>
1. <u>6254</u>	<u>- 6293</u>	<u>2200' water in DST.</u>	<u>resistivity 90</u>
2. <u>6371</u>	<u>- 6396</u>	<u>435' water in DST.</u>	<u>resistivity 90</u>
3.			
4.			
5.			

(Continue on Reverse Side if Necessary)

Formation Tops:  
Frontier 5860'  
~~Dakota~~  
Mowry 6058'  
Dakota 6254'  
Morrison 6382'

Remarks:

- NOTE:
- (a) Upon diminishing supply of forms, please inform this office.
  - (b) Report on this form as provided for in Rule C-20, General Rules and Regulations and Rules of Practice and Procedure, (See Back of Form).
  - (c) If a water analysis has been made of the above reported zone, please forward a copy along with this form.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

LAND OFFICE .....  
LEASE NUMBER .....  
UNIT Clay Basin Unit  
Dakota Participating Area

**LESSEE'S MONTHLY REPORT OF OPERATIONS**

State Utah County Daggett Field Clay Basin

The following is a correct report of operations and production (including drilling and producing wells) for the month of NOV - 1969, 19.....

Agent's address P.O. Box 11368 Company MOUNTAIN FUEL SUPPLY COMPANY

Salt Lake City, Utah 84111

Signed [Signature]

Phone 328-8315

Agent's title DIVISIONAL CHIEF ACCOUNTANT

SEC. AND ¼ OF ¼	TWP.	RANGE	WELL NO.	DAYS PRODUCED	BARRELS OF OIL	GRAVITY	CU. FT. OF GAS (In thousands)	GALLONS OF GASOLINE RECOVERED	BARRELS OF WATER (If none, so state)	REMARKS (If drilling, depth; if shut down, cause; date and result of test for gasoline content of gas)
					<u>C. L. Sparks SLC 045049</u>					
SW NW 25	3N	24E	16							Spudded 10-30-69 TD 6,396 PBD 6,064 11-28-69 Shut In 11-30-69

NOTE.—There were ..... runs or sales of oil; ..... M cu. ft. of gas sold;

..... runs or sales of gasoline during the month. (Write "no" where applicable.)  
NOTE.—Report on this form is required for each calendar month, regardless of the status of operations, and must be filed in duplicate with the supervisor by the 6th of the succeeding month, unless otherwise directed by the supervisor.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SL - 045049
2. NAME OF OPERATOR Mountain Fuel Supply Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901		7. UNIT AGREEMENT NAME Clay Basin Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1995' FNL, 662' FWL SW NW		8. FARM OR LEASE NAME Unit Well
14. PERMIT NO. -		9. WELL NO. 16
15. ELEVATIONS (Show whether DF, RT, OR, etc.) KB 6813.44' GR 6801'		10. FIELD AND POOL, OR WILDCAT Clay Basin
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW NW 25-3N-24E., 6th PM
		12. COUNTY OR PARISH Daggett
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
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REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Supplementary history <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

TD 6396', waiting on cement.  
 DST #3: 6254-6293', Dakota, IO 1/2 hour, ISI 1 1/2 hours, FO 3 hours, FSI 3 1/2 hours, opened strong, no gas, reopened, gas to surface immediately, 1/4 hour 18 Mcf, 1/2 hour 25 Mcf, 1 hour 25 Mcf, 2 hours 20 Mcf, recovered 300' muddy water and 2200' water. IHP 2985, IOFP's 146-314, ISIP 1402, FOFP's 356-1089, FSIP 1402, FHP 2964 psi.  
 DST #4: 6346-6366', Dakota, IO 1/2 hour, ISI 1 hour, FO 1 1/2 hours, FSI 2 hours, opened with weak blow, dead in 10 minutes, reopened dead, recovered 15' drilling mud. IHP 3110, IOFP's 42-42, ISIP 608, FOFP's 42-42, FSIP 524, FHP 3089 psi.  
 DST #5: 6318-6396', Dakota, IO 1/2 hour, ISI 1 1/2 hours, FO 2 hours, FSI 2 1/2 hours, opened with strong blow, not enough to gauge, reopened, gas to surface in 2 hours 25 minutes not enough to gauge, recovered 15' oil and 435' water. IHP 3027, IOFP's 84-146, ISIP 1527, FOFP's 188-230, FSIP 1443, FHP 3006 psi.  
 Landed 6088.89' net, 6135.89' gross of 4 1/2" OD, 11.6#, N-80, LT&C casing at 6101.33' KBM and set with 325 sacks of cement.

18. I hereby certify that the foregoing is true and correct

SIGNED B. H. Croft TITLE Vice President, Gas Supply Operations DATE Nov. 24, 1969

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SL - 045049
2. NAME OF OPERATOR Mountain Fuel Supply Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901		7. UNIT AGREEMENT NAME Clay Basin Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1995' FNL, 662' FWL SW NW		8. FARM OR LEASE NAME Unit Well
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REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Supplementary history <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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TD 6396', PBD 6064', rig released on November 28, well shut in.

Perforated from 5910' to 5930' with 4 holes per foot, applied sand oil treatment using 15,000 gallons drip oil mixed with 0.05# Adomite, 0.003 gal. FR-3 and 1/2# 20-40 sand per gallon drip oil, well flowed 630 Mcf of gas per day, casing pressure 1290, tubing pressure 1220, separator 150 psi.  
Final report.

18. I hereby certify that the foregoing is true and correct

SIGNED B. H. Croft TITLE Vice President, Gas Supply Operations DATE Dec. 1, 1969

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

16

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE\*

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R355.5.

PI 111

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG\***

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. SL - 045049
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
2. NAME OF OPERATOR Mountain Fuel Supply Company		7. UNIT AGREEMENT NAME Clay Basin Unit
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901		8. FARM OR LEASE NAME Unit Well
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1995' FNL, 662' FWL SW NW At top prod. interval reported below same At total depth same		9. WELL NO. 16
14. PERMIT NO. _____ DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT Clay Basin - Frontier
		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SW NW 25-3N-24E., 6th PM
		12. COUNTY OR PARISH Daggett
		13. STATE Utah

15. DATE SPUDDED 10-30-69	16. DATE T.D. REACHED 11-21-69	17. DATE COMPL. (Ready to prod.) 11-28-69	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* KB 6813.44' GR 6801'	19. ELEV. CASINGHEAD -
20. TOTAL DEPTH, MD & TVD 6396'	21. PLUG, BACK T.D., MD & TVD 6064'	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY →	ROTARY TOOLS 0-6396
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 5910-5930', Frontier				25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN Dual Induction Laterolog, Formation Density GR	27. WAS WELL CORED No
--	--------------------------

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9-5/8	36	322.91	12-1/4	167	0
4-1/2	11.6	6101.33	7-7/8	325	0

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8	5872.10	

31. PERFORATION RECORD (Interval, size and number) 5910-5930', jet, 4 holes per foot		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED		
5910-5930	Sandoil frac with 15,000 gals drip oil, 0.05# Adomite, 0.003 FR-3, 1/2 ppg 20-40 sand gpg.		

33.* PRODUCTION							
DATE FIRST PRODUCTION Shut in		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing				WELL STATUS (Producing or shut-in) Shut in	
DATE OF TEST 11/26-28/69	HOURS TESTED 34	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW. TUBING PRESS. 900	CASING PRESSURE 950	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF. 580	WATER—BBL.	OIL GRAVITY-API (CORR.)	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented while testing.	TEST WITNESSED BY
---	-------------------

35. LIST OF ATTACHMENTS  
Dual Induction Laterolog, Formation Density, Well Completion, Well Lithology

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED B. H. Craft, Jr. TITLE Gas Supply Operatins DATE Dec. 3, 1969  
Vice President,

\*(See Instructions and Spaces for Additional Data on Reverse Side)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R355.5.

5721

WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

5. LEASE DESIGNATION AND SERIAL NO.  
SL - 045049

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
-

7. UNIT AGREEMENT NAME  
Clay Basin Unit

8. FARM OR LEASE NAME  
Unit Well

9. WELL NO.  
16

10. FIELD AND POOL, OR WILDCAT  
Clay Basin - Frontier

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA  
SW NW 25-3N-24E., 6th PM

12. COUNTY OR PARISH  
Daggett

13. STATE  
Utah

1a. TYPE OF WELL: OIL WELL  GAS WELL  DRY  Other \_\_\_\_\_

b. TYPE OF COMPLETION: NEW WELL  WORK OVER  DEEP-EN  PLUG BACK  DIFF. RESVR.  Other \_\_\_\_\_

2. NAME OF OPERATOR  
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR  
P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
At surface 1995' FNL, 662' FWL SW NW  
At top prod. interval reported below same  
At total depth same

14. PERMIT NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

15. DATE SPUDDED 10-30-69

16. DATE T.D. REACHED 11-21-69

17. DATE COMPL. (Ready to prod.) 11-28-69

18. ELEVATIONS (DF, REB, RT, GR, ETC.)\* KB 6813.44' GR 6801'

19. ELEV. CASINGHEAD -

20. TOTAL DEPTH, MD & TVD 6396'

21. PLUG, BACK T.D., MD & TVD 6064'

22. IF MULTIPLE COMPL., HOW MANY\* \_\_\_\_\_

23. INTERVALS DRILLED BY \_\_\_\_\_ ROTARY TOOLS 0-6396' CABLE TOOLS -

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*  
5910-5930', Frontier

25. WAS DIRECTIONAL SURVEY MADE  
No

26. TYPE ELECTRIC AND OTHER LOGS RUN  
Dual Induction Laterolog, Formation Density GR

27. WAS WELL CORED  
No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9-5/8	36	322.91	12-1/4	167	0
4-1/2	11.6	6101.33	7-7/8	325	0

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8	5872.10	

31. PERFORATION RECORD (Interval, size and number)  
5910-5930', jet, 4 holes per foot

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5910-5930	Sandoil frac with 15,000 gals drip oil, 0.05# Adomite, 0.003 FR-3, 1/2 ppg 20-40 sand gpg.

33.\* PRODUCTION

DATE FIRST PRODUCTION Shut in

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing

WELL STATUS (Producing or shut-in) Shut in

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
11/26-28/69	34						

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
900	950			580		

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)  
Vented while testing.

TEST WITNESSED BY \_\_\_\_\_

35. LIST OF ATTACHMENTS  
Dual Induction Laterolog, Formation Density, Well Completion, Well Lithology

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED B. H. Croft TITLE Gas Supply Operations

DATE Dec. 3, 1969

\*(See Instructions and Spaces for Additional Data on Reverse Side)

Schematic   
 not drawn to scale.

PRESENT STATUS OF WELL  
UNIT Well No 16

Clay Basin Field  
 SW NW Sec 25 T31N R24E  
 DAGGETT CO, UTAH.

11-24-69 JJS.  
 Revised  
 12-1-69 VLS

Drilled by MFS Co  
 by rotary 1969



<u>SURFACE CSG.</u>	<u>NET</u>
1-NSC type B-10" 900 csg flange	1.60
10 Jts 9 7/8" 36# J-55 P11 STL	307.67
1 Baker guide shoe	1.80
	<u>310.47</u>

Above csg landed @ 322.91 ft KB  
 or 12.44 below KB. Shoe & top end bottom  
 of all csg collars were spot welded.  
 Cmt with 167 lb tag and hook with  
 251# collar. Returned 7 bbls out to  
 surface.

322.91 ft - 9 7/8" 36# J-55  
 cement to surface

<u>PRODUCTION CSG.</u>	<u>NET</u>
1 pc 4 1/2" 11.6# N-80 oil LTR	16.20
187 Jts 4 1/2" 11.6# N-80 oil LTR	6636.06
1 Larkin 4 1/2" filter collar	16.2
1 Jt 4 1/2" 11.6" N-80 oil LTR	33.23
1 Larkin 4 1/2" filter shoe	1.78
	<u>6688.89</u>

100  
 66

4896 ft CMT top Dresser Atlas  
 bond log

1 Leakin 4 1/2" Filtrate shoe 1.78  
6088.89

Above csg landed @ 6101.33 ft KBM  
 01 12.44 ft section KB. in a NSCO type B'  
 10"-900 csg flange w/ 75,000" indicator  
 weight. Protocol unit w/ 1000 gal med  
 flush. Unit d w/ 325 si regular unit  
 Retired csg hoody - Unit in place 4:45 AM  
 on 11-24-69.

2 3/8 IN OD TUBING Net

1- NSCO Type H-1 tubing hanger	0.44
181 Jts - 2 3/8 IN OD 4.7# J-55	
8 rd EUE tubing	5827.68
1- 2 3/8 IN OD tubing collar	0.41
1- 2 3/8 IN OD pump seating nipple	0.35
1 Jt - 2 3/8 IN OD 4.7# J-55	
8 rd EUE tubing	31.75
1- 2 3/8 IN OD combination closing tool & tubing shoe	0.75
	5861.31

Above tubing landed at  
 5872.10' KBM OR 10.72' below KB  
 IN A NSCO Type B 10" Ser 900 kg  
 6" Ser 1500 tubing spool

6/6

5872.10' KBM Bottom 2 3/8 IN OD tubing

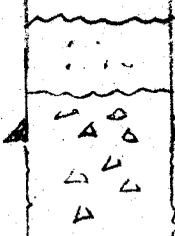
5910' - 5930' KBM 4 NCF-II Jet holes per ft

5995 ft sand level - 11-26-69

6064 ft top of filtrate collar

6101.37 ft 4 1/2" 11.6" NSCO Filtrate

Unit w/ 325 si regular unit



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

LAND OFFICE .....  
LEASE NUMBER .....  
UNIT Clay Basin Unit  
Frontier Participating Area

**LESSEE'S MONTHLY REPORT OF OPERATIONS**

State Utah County Daggett Field Clay Basin

The following is a correct report of operations and production (including drilling and producing wells) for the month of NOV 1970, 19.....

Agent's address P.O. Box 11368 Company MOUNTAIN FUEL SUPPLY COMPANY

Salt Lake City, Utah 84111 Signed J. Murphy

Phone 328-8315 Agent's title CHIEF ACCOUNTANT

SEC. AND 1/4 OF 1/4	TWP.	RANGE	WELL No.	DAYS PRODUCED	BARRELS OF OIL	GRAVITY	CU. FT. OF GAS (In thousands)	GALLONS OF GASOLINE RECOVERED	BARRELS OF WATER (If none, so state)	REMARKS (If drilling, depth; if shut down, cause; date and result of test for gasoline content of gas)
SW NW 25	3N	24E	16		C.L. Sparks	SLC	045049	Frontier		Shut In 11-28-69 T.D. 6,396' P.B.D. 6,064' Test Flowed 580 MCF per day Initial production 11-3-70 Final Report *See other report

NOTE.—There were \*..... runs or sales of oil; ..... M cu. ft. of gas sold;  
No..... runs or sales of gasoline during the month. (Write "no" where applicable.)

NOTE.—Report on this form is required for each calendar month, regardless of the status of operations, and must be filed in duplicate with the supervisor by the 6th of the succeeding month, unless otherwise directed by the supervisor.

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN TRIP DATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

<p>1. <input type="checkbox"/> OIL WELL    <input type="checkbox"/> GAS WELL    <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <b>Mountain Fuel Supply Company</b></p> <p>3. ADDRESS OF OPERATOR <b>P. O. Box 1129, Rock Springs, Wyoming 82901</b></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <b>1995' FNL, 662' FWL SW NW</b></p> <p>14. PERMIT NO.</p>	<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME <b>Clay Basin Unit</b></p> <p>8. FARM OR LEASE NAME <b>Unit Well</b></p> <p>9. WELL NO. <b>16</b></p> <p>10. FIELD AND POOL, OR WILDCAT <b>Clay Basin</b></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>SW NW 25-3N-24E.</b></p> <p>12. COUNTY OR PARISH    13. STATE <b>Daggett                      Utah</b></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>KB 6813.44'                      GR 6801'</b></p>	

16. **Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

TD 6396', PBD 6064', Frontier perforations 5910' to 5930'.

We would like to apply a My-T-Oil II fracturing treatment to the Frontier perforations using a total of 75,000 gallons My-T-Oil II treatment, make a short production test, then place well on production.



RECEIVED BY THE DIVISION OF  
GAS & MINING  
DATE *March 4, 1976*  
*P. H. Samuel*

18. I hereby certify that the foregoing is true and correct

SIGNED *A. E. Myers* TITLE General Manager, DATE Feb. 29, 1976  
Gas Supply Operations

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

From: C. R. Owen  
To: T. M. Colson



Rock Springs, Wyoming

February 26, 1976

Tentative Plan to Apply  
My-T-Oil II Fracturing Treatment  
Unit Well No. 16  
Clay Basin Field

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Clay Basin Unit Well No. 16 was drilled by MFSCo. during 1969 to a total depth of 6396 feet. The Frontier sand was perforated from 5910 feet to 5930 feet KB. Initial production from this well was recorded as 580 Mcf of gas per day. A 15,000 gallon sand-oil frac was applied during completion operations.

This well is presently producing at an average rate of 520 Mcf. Estimated initial reserves for this well amounted to 3.0 Bcf of gas in place, and cumulative withdrawals amounted to 0.5 Bcf. Remaining gas in place is 2.5 Bcf.

After completion of this treatment and the Super Emulsifrac treatment on Clay Basin Unit Well No. 9, the two jobs will be evaluated to determine the best process.

The following is a tentative plan to apply the My-T-Oil II fracturing treatment. Attached is a cost estimate and a present status drawing.

NOTE: KB is 12.44 feet above ground level.

1. Move in and rig up a contract workover rig.
2. Rig up to kill well with drip oil. Estimated bottom hole pressure is 1750 psi. Drip oil will exert a hydrostatic pressure of 1950 psi at the top of the perforations at 5910 feet KB. The capacity of the wellbore is 70 barrels.
3. With well dead, remove upper portion of wellhead. Install a 6-inch 5000 psi hydraulically operated blowout preventer. Blowout preventer should be equipped with 2-3/8-inch O.D. rams in the top gate and blind rams in the bottom gate.
4. Pull and stand 2-3/8-inch O.D. tubing in derrick.
5. Remove blowout preventer and install upper portion of wellhead. Rig up Halliburton and prepare to apply My-T-Oil treatment to the perforations at 5910 feet to 5930 feet KB.
6. Rig up three Halliburton HT-400 pump trucks and one pressurized blender. Install an in-line pressure recorder. A fracometer will be used throughout the job. A

Halliburton fire truck and mechanic will be on location. Pressure test surface lines to 6000 psi.

7. Using all three pump trucks, pump 15,000 gallons My-T-Oil pad to establish break-down and injection rate. During this time, observe surface lines, wellhead, and the 4-1/2-inch O.D. by 9-5/8-inch O.D. casing annulus for leaks. Do not exceed 5000 psi maximum surface pressure. Theoretically, we should pump 25 barrels per minute at 4800 psi using 3000 horsepower.
8. Apply My-T-Oil treatment as follows: Use maximum amount of breaker throughout the treatment.

<u>Event</u>	<u>Fluid Volume Gallons</u>	<u>20-40 Sand Pounds</u>
My-T-Oil pad, as indicated previously	15,000	--
1/2-pound/gallon 20-40	4,000	2,000
1-pound/gallon 20-40	6,000	6,000
1-1/2-pounds/gallon 20-40	6,000	9,000
2-pounds/gallon 20-40	10,000	20,000
My-T-Oil Spacer	4,000	--
3-pounds/gallon 20-40	10,000	30,000
My-T-Oil Spacer	4,000	--
3-pounds/gallon 20-40	10,000	30,000
Flush with My-T-Oil	<u>6,000</u>	<u>--</u>
Total	75,000	97,000

Shut well in 24 hours.

9. Well should remain dead. Remove upper portion of wellhead and install blowout preventer. Pick up a shop-made tubing shoe with aluminum plug and run tubing as previously. See attached present status drawing for details.

10. Land tubing in a H-1 hanger. Remove blowout preventer and install upper portion of wellhead.
11. Rig up and swab well in.
12. Run a short production test and put well on production.
13. Release workover rig.

GENERAL INFORMATION

I. Material Required:

- a. 2120 barrels drip oil.

II. Equipment Required:

- a. Eight 300 barrel frac tanks for drip oil storage.
- b. 6-inch 5000 psi hydraulic blowout preventer with 2-3/8-inch O.D. rams in top gate and blind rams in bottom gate.
- c. Test separator and lines.
- d. 200 barrel test tank.
- e. Swab equipment for 2-3/8-inch O.D., 4.6-pound tubing.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved,  
Budget Bureau No. 42-R1424.  
5  
5. LEASE DESIGNATION AND SERIAL NO.

SL - 045049  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL  GAS WELL  OTHER

7. UNIT AGREEMENT NAME  
Clay Basin Unit

2. NAME OF OPERATOR  
Mountain Fuel Supply Company

8. FARM OR LEASE NAME  
Unit Well

3. ADDRESS OF OPERATOR  
P. O. Box 1129, Rock Springs, Wyoming 82901

9. WELL NO.  
16

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

10. FIELD AND POOL, OR WILDCAT  
Clay Basin

1995' FNL, 662' FWL SW NW

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SW NW 25-3N-24E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
KB 6813.44' GR 6801'

12. COUNTY OR PARISH 13. STATE  
Daggett Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF   
FRACTURE TREAT   
SHOOT OR ACIDIZE   
REPAIR WELL   
(Other)   
PULL OR ALTER CASING   
MULTIPLE COMPLETE   
ABANDON\*   
CHANGE PLANS

WATER SHUT-OFF   
FRACTURE TREATMENT   
SHOOTING OR ACIDIZING   
(Other)   
REPAIRING WELL   
ALTERING CASING   
ABANDONMENT\*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

TD 6396', PBD 6064', Frontier perforations 5910-5930', applied fracturing treatment to perforations using 73,300 gallons of My-T-Oil fluid and 97,000 pounds of 20-40 mesh sand, landed 2-3/8" tubing at 5872.10', swabbed and well began flowing, at end of test well was making 474 Mcf of gas per day through 1" choke, FTP 605, CP 795, still recovering load.

FINAL REPORT.



18. I hereby certify that the foregoing is true and correct

SIGNED A. S. Meyer

General Manager,

TITLE Gas Supply Operations

DATE March 17, 1976

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLE  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Mountain Fuel Supply Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1995' FNL, 662' FWL SW NW</p> <p>14. PERMIT NO.</p>	<p>SL - 045049</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME Clay Basin Unit</p> <p>8. FARM OR LEASE NAME Unit Well</p> <p>9. WELL NO. 16</p> <p>10. FIELD AND POOL, OR WILDCAT Clay Basin</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW NW 25-3N-24E</p> <p>12. COUNTY OR PARISH Daggett</p> <p>13. STATE Utah</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 6813.44' GR 6801'</p>
--	---

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO :		SUBSEQUENT REPORT OF :	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

TD 6396', PBD 6064', Frontier perforations 5910-5930', applied fracturing treatment to perforations using 73,300 gallons of My-T-Oil fluid and 97,000 pounds of 20-40 mesh sand, landed 2-3/8" tubing at 5872.10', swabbed and well began flowing, at end of test well was making 474 Mcf of gas per day through 1" choke, FTP 605, CP 795, still recovering load.

FINAL REPORT.

18. I hereby certify that the foregoing is true and correct

SIGNED *R. L. Meyer* General Manager, TITLE Gas Supply Operations DATE March 17, 1976

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:



MOUNTAIN FUEL SUPPLY COMPANY  
TRANSMISSION AND PRODUCTION ROCK SPRINGS, WYOMING  
MEASUREMENT EQUIPMENT INSPECTION REPORT

3N24E25

LOCATION: Clay Basin M.S. #7 COUNTY Daggett STATE Utah DATE 10-20-82

STATION OR CUSTOMER Clay Basin #16 TIME OF TEST AM 1:00 PM

ORIFICE METER MAKE Foxboro SERIAL NO. 498642 TYPE 28 CHART NO. 89M24L STATIC CON. D.S. PEN ARC Adj. CLOCK ROT. 31 DAY

METER RANGE INCHES 100 POUNDS 1000 ATMOS. PRESS. 11.6 IS ATMOS SET ON CHART?  Yes  No TYPE OF CHART USED  Sq. Root  Linear

DEAD WEIGHT CHECK STATIC FOUND STATIC LEFT

METER READING D. W. Press. 345 Diff. Found 0 Diff. Left 0 Temp. Found - Temp. Left - Time Lag 6 hrs.  
Atmos. Press. 11.6 Static Pen Set 356.6 5.97 5.97

DIFFERENTIAL TEST				STATIC TEST				
AS FOUND		AS LEFT		AS FOUND		AS LEFT		SQ. RT. VALUE, AS LEFT
UP	DOWN	UP	DOWN	D. W. Meter	D. W. Meter			
Man.	Meter	Man.	Meter	Man.	Meter	Man.	Meter	$\sqrt{\frac{\text{Psia} \times 100}{R_p}}$ $= \sqrt{\frac{356.6 \times 100}{1000}} = 5.97$
0	0	80	80	0	80			
10	10	60	60	10	Same			

THERMOMETER															
MAKE -				RANGE				SERIAL NO.							
AS FOUND				AS LEFT											
UP		DOWN		UP		DOWN		UP		DOWN		UP		DOWN	
Test Therm	Rec. Therm	Test Therm	Rec. Therm	Test Therm	Rec. Therm	Test Therm	Rec. Therm	Test Therm	Rec. Therm	Test Therm	Rec. Therm	Test Therm	Rec. Therm	Test Therm	Rec. Therm
None															

ORIFICE PLATE Size 2" x 1.000" Edges Sharp?  Orifice Condition Damaged?  Dirty?  Micro Horizontal  Micro Vertical

ORIFICE FITTING OR UNION Make - Daniel Type - Simplex Serial No. ASA 600 Line Size 2.067 I.D. 2.067

Meter Tube Upstream ID Downstream ID

TELEMETERING																GRAVITY:		ATMOS. TEMP.		
DIFFERENTIAL								PRESSURE								REMARKS:				
FOUND				LEFT				FOUND				LEFT				Adjusted diff. pen arc.				
UP		DOWN		UP		DOWN		UP		DOWN		UP		DOWN						
TEST	TRANS	TEST	TRANS	TEST	TRANS	TEST	TRANS	TEST	TRANS	TEST	TRANS	TEST	TRANS	TEST	TRANS	TEST	TRANS	TEST	TRANS	
0%		100%		0%		100%		0%		100%		0%		100%						
25%		75%		25%		75%		25%		75%		25%		75%						
50%		50%		50%		50%		50%		50%		50%		50%						
75%		25%		75%		25%		75%		25%		75%		25%						
100%		0%		100%		0%		100%		0%		100%		0%						

M.F.S. CO. TESTER: Fred Kunkel

WITNESS:

9.25  
9.00  
8.75  
8.50  
8.25  
8.00  
7.75  
7.50  
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1.25  
1.00  
.75  
.50  
.25  
.00

PLACE LEFT INSIDE EDGE OF ORIFICE PLATE ON ARROW AND MARK BOTH INSIDE EDGES ON SCALE

CHECKLIST FOR MICROFILMING

COUNTY: Daggett

SECTION: 25 TOWNSHIP: 311 RANGE: 24E

OPERATOR: Mountain Fuel Supply Company

WELL NAME: 16

API NO. 43-009-30002

WELL STATUS: DR P&A POW (PGW)

YEAR OF COMPLETION: 1969

LOCATION: 1995 FSL FNL 1612 FEL FWL 1/4 1/4 SW 11W

LEASE STATUS: (FED) STATE FEE INDIAN

BOND STATUS: YES NO

- APD
- PLAT MAP
- SPUD DATE
- WELL COMPLETION
- P&A REPORT AFTER ACTIVE COMPLETION
- FORMATION TOPS
- FIELD
- LOGS

-----

NOTES

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

# OPERATOR CHANGE WORKSHEET

Routing	
1-LEC ✓	6-DEC ✓
2-GLH ✓	7-KDR ✓
3-DTS ✓	8-SJ ✓
4-VLD ✓	9-FILE
5-RJF	

Attach all documentation received by the division regarding this change.  
Initial each listed item when completed. Write N/A if item is not applicable.

- Change of Operator (well sold)       Designation of Agent  
 Designation of Operator             Operator Name Change Only

The operator of the well(s) listed below has changed, effective: 4-26-84

TO: (new operator) WEXPRO COMPANY  
 (address) PO BOX 11070  
SALT LAKE CITY UT 84147

FROM: (old operator) MOUNTAIN FUEL SUPPLY CO  
 (address) 180 E 100 S  
SALT LAKE CITY UT 84139

Phone: (801)530-2586  
 Account no. N1070

Phone: (801)534-5267  
 Account no. N0680

WELL(S) attach additional page if needed: **\*CLAY BASIN UNIT**

Name: <b>**SEE ATTACHED**</b>	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____

## OPERATOR CHANGE DOCUMENTATION

- N/A 1. (r649-8-10) Sundry or other legal documentation has been received from the **FORMER** operator (attach to this form). *\* See Comments.*
- N/A 2. (r649-8-10) Sundry or other legal documentation has been received from the **NEW** operator (Attach to this form). *\* See Comments.*
- N/A 3. The **Department of Commerce** has been contacted if the new operator above is not currently operating any wells in Utah. Is the company registered with the state? (yes/no) \_\_\_\_\_ If yes, show company file number: \_\_\_\_\_.
- LEC 4. **FOR INDIAN AND FEDERAL WELLS ONLY.** The BLM has been contacted regarding this change. Make note of BLM status in comments section of this form. BLM approval of **Federal** and **Indian** well operator changes should ordinarily take place prior to the division's approval, and before the completion of steps 5 through 9 below.
- N/A 5. Changes have been entered in the **Oil and Gas Information System (3270)** for each well listed above. *\* See Comments.*
- N/A 6. **Cardex** file has been updated for each well listed above. *\* See Comments.*
- LEC 7. Well file labels have been updated for each well listed above. (11-6-96)
- N/A 8. Changes have been included on the monthly "Operator, Address, and Account Changes" memo for distribution to Trust Lands, Sovereign Lands, UGS, Tax Commission, etc. *\* See Comments.*
- LEC 9. A folder has been set up for the **Operator Change** file, and a copy of this page has been placed there for reference during routing and processing of the original documents.

**ENTITY REVIEW**

- See 1. (r649-8-7) Entity assignments have been reviewed for all wells listed above. Were entity changes made? (yes/no) no \_\_\_\_ If entity assignments were changed, attach copies of Form 6, Entity Action Form.
- N/A 2. Trust Lands, Sovereign Lands, Tax Commission, etc., have been notified through normal procedures of entity changes.

**BOND VERIFICATION - (FEE WELLS ONLY)**

- N/A 1. (r649-3-1) The NEW operator of any fee lease well listed above has furnished a proper bond.
- See 2. A copy of this form has been placed in the new and former operator's bond files.
- \_\_\_\_ 3. The FORMER operator has requested a release of liability from their bond (yes/no) \_\_\_\_\_, as of today's date \_\_\_\_\_. If yes, division response was made to this request by letter dated \_\_\_\_\_.

**LEASE INTEREST OWNER NOTIFICATION OF RESPONSIBILITY**

- N/A 1. Copies of documents have been sent on \_\_\_\_\_ to \_\_\_\_\_ at Trust Lands for changes involving State leases, in order to remind that agency of their responsibility to review for proper bonding.

**FILMING**

- ✓ 1. All attachments to this form have been microfilmed. Today's date: 12-30-96.

**FILING**

- \_\_\_\_ 1. Copies of all attachments to this form have been filed in each well file.
- \_\_\_\_ 2. The original of this form, and the original attachments are now being filed in the Operator Change file.

**COMMENTS**

9/6/1106 Doorn Computer & Cardex updated 4/84.  
Labels & well files being updated now; error caught by "Well Records".

## MONTHLY OIL AND GAS PRODUCTION REPORT

OPERATOR NAME AND ADDRESS:

JOHN JOOSTEN  
 WEXPRO COMPANY  
 PO BOX 11070  
 SALT LAKE CITY UT 84147

UTAH ACCOUNT NUMBER: N1070

REPORT PERIOD (MONTH/YEAR): 9 / 96

AMENDED REPORT  **(Highlight Changes)**

Well Name			Producing Zone	Well Status	Days Oper	Production Volumes		
API Number	Entity	Location				OIL(BBL)	GAS(MCF)	WATER(BBL)
✓	CLAY BASIN UNIT #14							
4300915638	01025	03N 24E 20	FRTR					
✓	CLAY BASIN UNIT #15							
4300915639	01025	03N 24E 23	FRTR					
✓	CLAY BASIN UNIT #16							
4300930003	01025	03N 24E 25	FRTR					
✓	CLAY BASIN UNIT #17							
4300930004	01025	03N 24E 27	FRTR					
✓	CLAY BASIN UNIT #18							
4300930006	01025	03N 24E 23	FRTR					
✓	CLAY BASIN UNIT #20							
4300930007	01025	03N 24E 22	FRTR					
✓	CLAY BASIN UNIT #19							
4300930008	01025	03N 24E 17	FRTR					
✓	CLAY BASIN UNIT #23							
4300930009	01025	03N 24E 26	FRTR					
✓	CLAY BASIN UNIT #22							
4300930010	01025	03N 24E 16	FRTR					
✓	CLAY BASIN UNIT #61							
4300930060	01025	03N 24E 20	FRTR					
✓	CLAY BASIN UNIT #62							
4300930061	01025	03N 24E 21	FRTR					
	CARTER-LEVERTON STATE 1							
4303710529	01031	33S 26E 32	ISMY					
	PIUTE KNOLL #1							
4303730097	01032	33S 25E 26	ISMY					
<b>TOTALS</b>								

*ML-807*

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that this report is true and complete to the best of my knowledge. Date: \_\_\_\_\_

Name and Signature: \_\_\_\_\_ Telephone Number: \_\_\_\_\_



United States Department of the Interior

IN REPLY REFER TO

BUREAU OF LAND MANAGEMENT  
UTAH STATE OFFICE  
136 E. SOUTH TEMPLE  
SALT LAKE CITY, UTAH 84111

April 26, 1984

WEXPRO Company  
P.O. Box 11368  
Salt Lake City, Utah 84139

Re: Successor Unit Operator  
Clay Basin Unit  
Daggett County, Utah and  
Sweetwater County, Wyoming

Gentlemen:

On April 26, 1984, we received an indenture dated April 10, 1984, whereby Mountain Fuel Supply Company resigned as Unit Operator and WEXPRO Company is accepted as Successor of Unit Operator for the Clay Basin Unit Agreement, Daggett County, Utah and Sweetwater County, Wyoming.

The indenture was executed by both parties. The signatory parties have complied with Section 6 of the unit agreement. The instrument is hereby accepted effective as of April 26, 1984. Please advise all interested parties of the change in unit operator.

Sincerely,

E. W. Guynn  
Chief, Branch of Fluid Minerals

Enclosure

RECEIVED  
APR 30 1984

WEXPRO COMPANY  
LANDS & LEASING



**MOUNTAIN FUEL SUPPLY COMPANY**

180 EAST FIRST SOUTH • P. O. BOX 11368 • SALT LAKE CITY, UTAH 84139 • PHONE (801) 534-5555

April 10, 1984

Working Interest Owners  
Clay Basin Unit  
Daggett County, Utah and  
Sweetwater County, Wyoming

Gentlemen:

Mountain Fuel Supply Company, as designated operator of the Clay Basin Unit, hereby resigns as Unit Operator under the provisions of Section 4 of the Unit Agreement subject to: WEXPRO Company being designated successor Unit Operator by the committed working interest owners and approval by the Bureau of Land Management.

WEXPRO Company, a wholly owned second tier subsidiary company of Mountain Fuel Supply Company, has assumed all of the development and producing operations of Mountain Fuel. Office and operating personnel have been transferred to WEXPRO so there will be no physical change in operations.

MOUNTAIN FUEL SUPPLY COMPANY

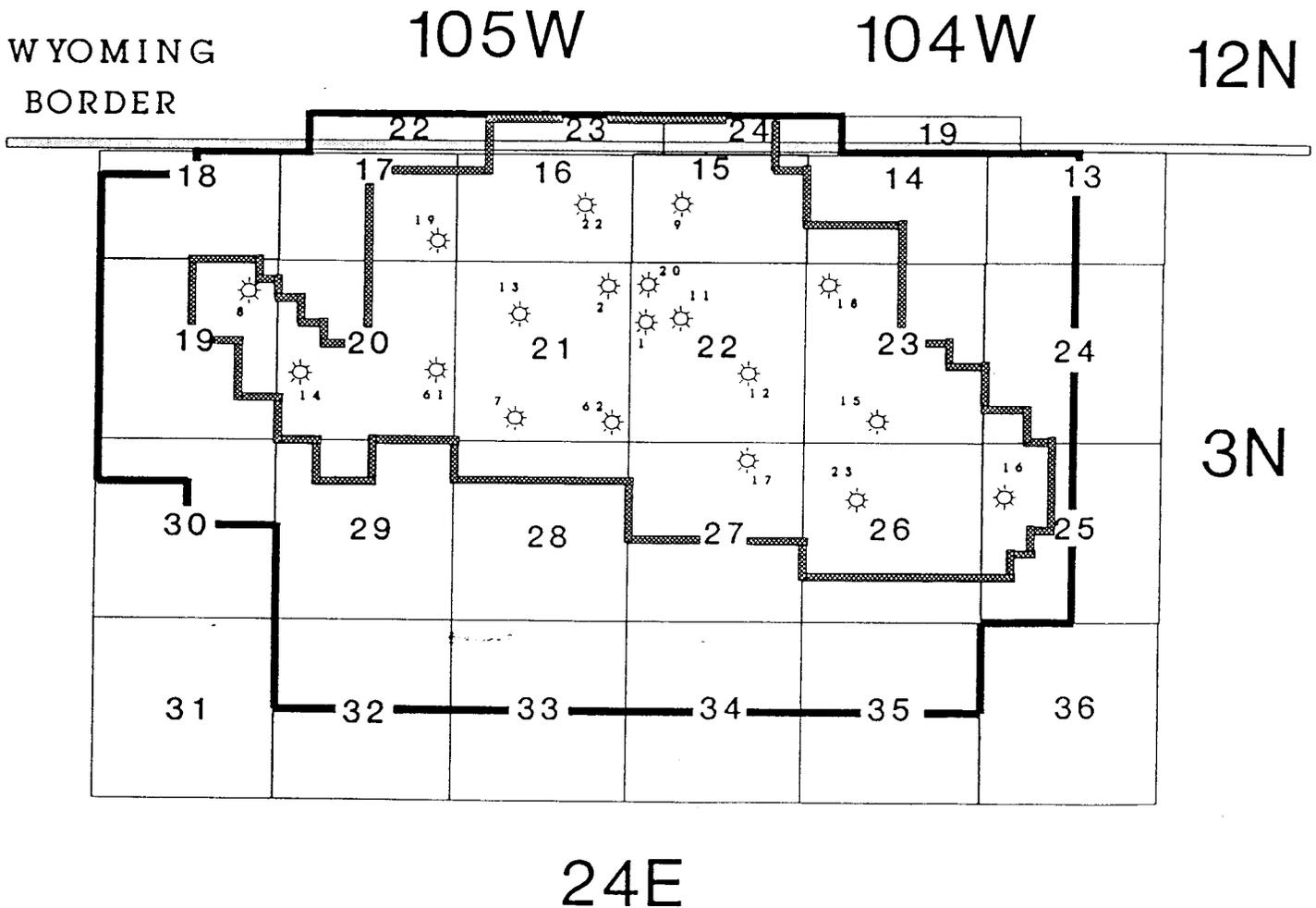
BY:

  
\_\_\_\_\_  
W. F. Edwards  
Vice President

cc: Mr. E. W. Guynn  
Chief, Branch of Fluid Minerals  
Bureau of Land Management  
136 East South Temple  
University Club Building, 11th Floor  
Salt Lake City, UT 84111

# CLAY BASIN UNIT

## Daggett County, Utah



 UNIT OUTLINE (UTU63009X)  
 FRONTIER PA

11,162.43 ACRES

FRONTIER PA ALLOCATION	
FEDERAL	82.17194%
STATE	9.63096%
FEE	8.19710%
4,765.64 Acres	

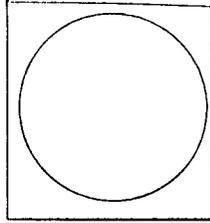
Clay Basin U# 16

Sec 25, 3N, 24E

Ch. 'y 14 June 88

L N

42, 80, 50 SHEETS, 5 SQUARE  
42, 80, 100 SHEETS, 5 SQUARE  
42, 80, 200 SHEETS, 5 SQUARE  
NATIONAL



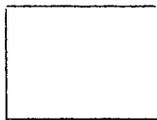
tank w/  
firewall



dehydrator  
in shed.



well head.



emergency pit

access  
road

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT -" for such proposals

5. LEASE DESIGNATION AND SERIAL NO.

SEE ATTACHED SHEET

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NA

7. IF UNIT OR CA, AGREEMENT DESIGNATION

CLAY BASIN  
UNIT AGREEMENT # 892000323B

8. WELL NAME AND NO.

SEE ATTACHED SHEET

9. API WELL NO.

SEE ATTACHED SHEET

10. FIELD AND POOL, OR EXPLORATORY AREA

CLAY BASIN

11. COUNTY OR PARISH, STATE

DAGGET COUNTY UTAH

SUBMIT IN TRIPLICATE

1. TYPE OF WELL

OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR

WEXPRO COMPANY

3. ADDRESS AND TELEPHONE NO.

P. O. BOX 458, ROCK SPRINGS, WY 82902 (307) 382-9791

4. LOCATION OF WELL (FOOTAGE, SEC., T., R., M., OR SURVEY DESCRIPTION)

SEE ATTACHED SHEET

*Handwritten notes:*  
1-CHD  
2-~~Alto~~  
3-~~Alto~~  
Copy for file  
well on  
back of Sundry

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF N

TYPE OF SUBMISSION

Notice of Intent  
 Subsequent Report  
 Final Abandonment Notice

Abandonment  
 Recompletion  
 Plugging Back  
 Casing Repair  
 Altering Casing  
 Other VARIANCE

ER DATA

Change in Plans  
 New Construction  
 Non-Routine Fracturing  
 Water Shut-Off  
 Conversion to Injection  
 Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Wexpro Company is requesting a variance from the requirement to install Enardo vent stack valves on the storage tanks for the wells listed on the attached sheet. This request is due to the potential freezing problems encountered with the Enardo vent stack valves. In the past storage tanks have been over pressured, as they could not vent, and once over pressured ruptured causing the top of the tank to be thrown from the tank. The potential tank damage, loss of fluids, fire and ground contamination are our primary safety and environmental concerns for this request.

**RECEIVED**

OCT 28 2002

DIVISION OF  
OIL, GAS AND MINING

Accepted by the  
Utah Division  
Oil, Gas and

Federal Approval Of This  
Action Is Necessary

Date:

By:

*Handwritten:* List of wells on back.

COPIES TO OPERATOR  
DATE: 10-29-02  
BY: CHD

14. I hereby certify that the foregoing is true.

Signed: *[Signature]*

Title: G. T. Nimmo, Operations Manager

Date: October 21, 2002

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_

Title 18 U.S. C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See instruction on Reverse Side

<b>WELL NAME</b>	<b>API NUMBER</b>	<b>LEGAL DESCRIPTION</b>	<b>COUNTY, STATE</b>	<b>UNIT CA PA NUMBER</b>	<b>LEASE NUMBER</b>
<b>CLAY BASIN FIELD UNIT</b>				<b>892000323B</b>	
UNIT NO. 1	4300915625	SW NW 22-3N-24E	DAGGETT, UT		SL-045051-a
UNIT NO. 7	4300915631	SE SW 21-3N-24E	DAGGETT, UT		SL-045051-b
UNIT NO. 8	4300915632	NE NE 19-3N-24E	DAGGETT, UT		SL-062508
UNIT NO. 9	4300915633	NE SW 15-3N-24E	DAGGETT, UT		SL-045051-b
UNIT NO. 12	4300915636	NW SE 22-3N-24E	DAGGETT, UT		SL-045051-a
UNIT NO. 13	4300915637	SE NW 21-3N-24E	DAGGETT, UT		SL-045051-a
UNIT NO. 14	4300915638	NW SW 20-3N-24E	DAGGETT, UT		SL-062508
UNIT NO. 15	4300915639	SE SW 23-3N-24E	DAGGETT, UT		SL-045051-b
UNIT NO. 16	4300930003	SW NW 25-3N-24E	DAGGETT, UT		SL-045049
UNIT NO. 17	4300930004	NW NE 27-3N-24E	DAGGETT, UT		SL-045053-a
UNIT NO. 18	4300930006	NW NW 23-3N-24E	DAGGETT, UT		SL-045051-b
UNIT NO. 19	4300930008	SE SE 17-3N-24E	DAGGETT, UT		SL-045051-b
UNIT NO. 20	4300930007	NW NW 22-3N-24E	DAGGETT, UT		SL-045051-a
UNIT NO. 22	4300930001	NW SE 16-3N-24E	DAGGETT, UT		ML-807
UNIT NO. 23	4300930009	SE NW 26-3N-24E	DAGGETT, UT		SL-045053-b
UNIT NO. 61	4300930060	NE SE 20-3N-24E	DAGGETT, UT		SL-045051-b
UNIT NO. 62	4300930061	SE SE 21-3N-24E	DAGGETT, UT		SL-045051-b

**Federal Approval of this  
Action is Necessary**

API Well No: 43009300030000

<p><b>STATE OF UTAH</b> DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING</p>	<p align="right"><b>FORM 9</b></p>
<p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p>Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.</p>	<p><b>5. LEASE DESIGNATION AND SERIAL NUMBER:</b> SL-045049</p>
<p><b>1. TYPE OF WELL</b> Gas Well</p>	<p><b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME:</b></p>
<p><b>2. NAME OF OPERATOR:</b> WEXPRO COMPANY</p>	<p><b>7. UNIT or CA AGREEMENT NAME:</b> CLAY BASIN</p>
<p><b>3. ADDRESS OF OPERATOR:</b> P.O. Box 458 , Rock Springs, WY, 82902</p>	<p><b>8. WELL NAME and NUMBER:</b> CLAY BASIN UNIT 16</p>
<p><b>4. LOCATION OF WELL FOOTAGES AT SURFACE:</b> 1995 FNL 0662 FWL <b>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:</b> Qtr/Qtr: SWNW Section: 25 Township: 03.0N Range: 24.0E Meridian: S</p>	<p><b>9. API NUMBER:</b> 43009300030000</p>
<p><b>PHONE NUMBER:</b> 307 922-5612 Ext</p>	<p><b>9. FIELD and POOL or WILDCAT:</b> CLAY BASIN</p>
<p><b>COUNTY:</b> DAGGETT</p>	<p><b>STATE:</b> UTAH</p>

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<p><input checked="" type="checkbox"/> <b>NOTICE OF INTENT</b> Approximate date work will start: 11/6/2009</p> <p><input type="checkbox"/> <b>SUBSEQUENT REPORT</b> Date of Work Completion:</p> <p><input type="checkbox"/> <b>SPUD REPORT</b> Date of Spud:</p> <p><input type="checkbox"/> <b>DRILLING REPORT</b> Report Date:</p>	<p><input type="checkbox"/> ACIDIZE</p> <p><input type="checkbox"/> CHANGE TO PREVIOUS PLANS</p> <p><input type="checkbox"/> CHANGE WELL STATUS</p> <p><input type="checkbox"/> DEEPEN</p> <p><input type="checkbox"/> OPERATOR CHANGE</p> <p><input type="checkbox"/> PRODUCTION START OR RESUME</p> <p><input type="checkbox"/> REPERFORATE CURRENT FORMATION</p> <p><input type="checkbox"/> TUBING REPAIR</p> <p><input type="checkbox"/> WATER SHUTOFF</p> <p><input type="checkbox"/> WILDCAT WELL DETERMINATION</p>	<p><input type="checkbox"/> ALTER CASING</p> <p><input type="checkbox"/> CHANGE TUBING</p> <p><input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS</p> <p><input type="checkbox"/> FRACTURE TREAT</p> <p><input type="checkbox"/> PLUG AND ABANDON</p> <p><input type="checkbox"/> RECLAMATION OF WELL SITE</p> <p><input type="checkbox"/> SIDETRACK TO REPAIR WELL</p> <p><input type="checkbox"/> VENT OR FLARE</p> <p><input type="checkbox"/> SI TA STATUS EXTENSION</p> <p><input type="checkbox"/> OTHER</p>	<p><input type="checkbox"/> CASING REPAIR</p> <p><input type="checkbox"/> CHANGE WELL NAME</p> <p><input type="checkbox"/> CONVERT WELL TYPE</p> <p><input checked="" type="checkbox"/> <b>NEW CONSTRUCTION</b></p> <p><input type="checkbox"/> PLUG BACK</p> <p><input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION</p> <p><input type="checkbox"/> TEMPORARY ABANDON</p> <p><input type="checkbox"/> WATER DISPOSAL</p> <p><input type="checkbox"/> APD EXTENSION</p> <p>OTHER: _____</p>

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Wexpro Company and Questar Gas Management intend to upgrade the existing gas metering equipment. The upgrade will consist of the installation of towers and antennas for radio communications. The Rohn tower will be approximately 20 feet high. The cement base will be buried. The base is 2 feet in diameter and 3 feet in height. The Rohn tower will be used to mount the new flow computer and communication equipment needed to communicate volume data from the well sites to a central SCADA computer located at Red Wash. Questar Gas Management will also be replacing the existing EFM and installing a Fisher FB 107, Fisher 205P MVS and a PGI Temperature Element and any other associated equipment. Please see attached diagrams for placement of the Rohn tower and Specification sheets.

**Approved by the  
Utah Division of  
Oil, Gas and Mining**

**Date:** November 02, 2009

**By:** *Derek Duff*

<b>NAME (PLEASE PRINT)</b> Paul Jibson	<b>PHONE NUMBER</b> 307 922-5647	<b>TITLE</b> Associate Permit Agent
<b>SIGNATURE</b> N/A		<b>DATE</b> 11/2/2009

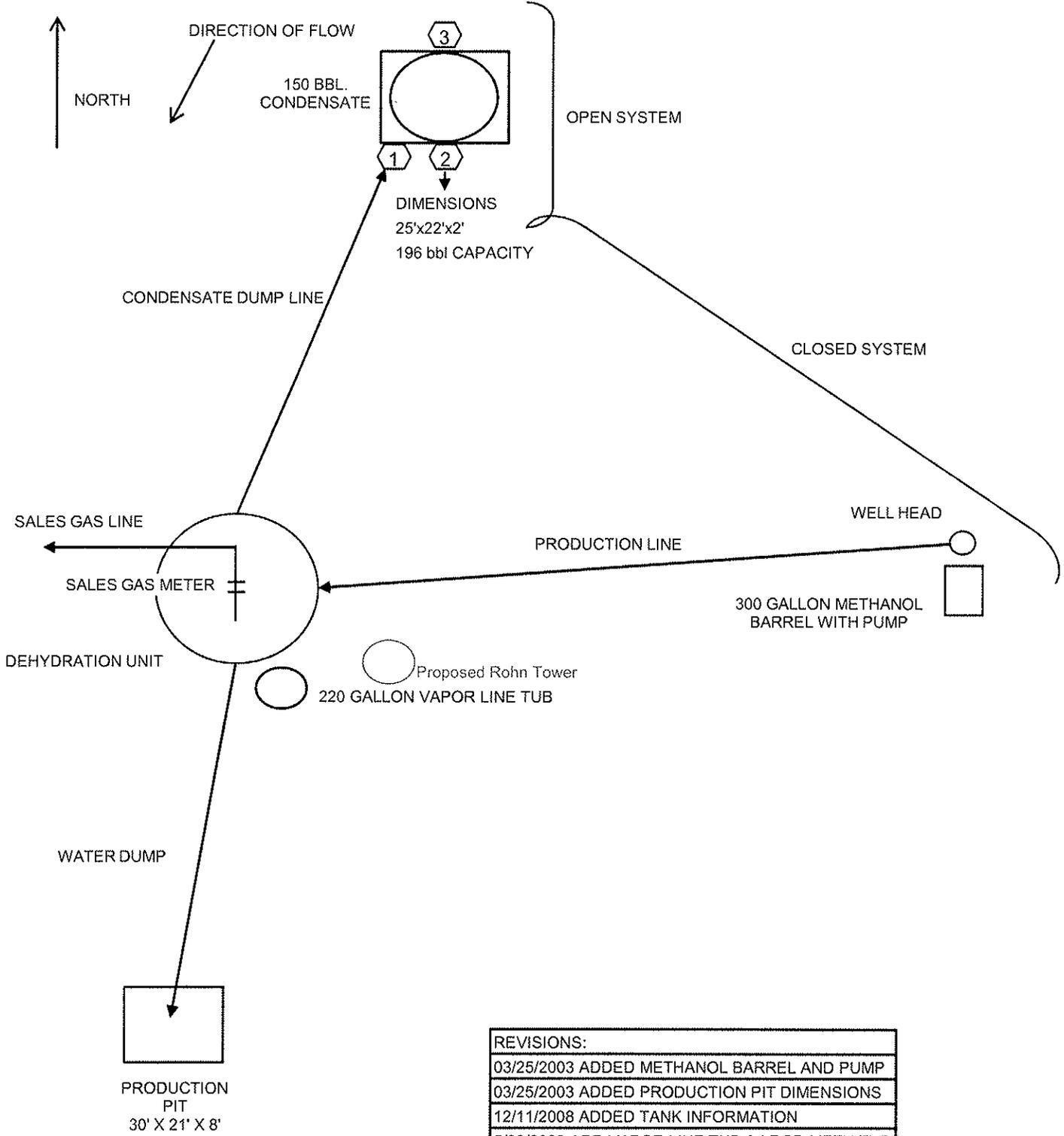
**RECEIVED** November 02, 2009

**WEXPRO COMPANY**  
**P.O. BOX 458**  
**ROCK SPRINGS, WY 82902**

CLAY BASIN UNIT WELL 16  
 SWNW 25-3N-24E  
 LEASE NO. SL-045049  
 UNIT NO. 892000323B  
 DAGGET COUNTY, UTAH

NOTE: THIS LEASE FALLS UNDER THE SITE & SECURITY PLAN ESTABLISHED BY WEXPRO COMPANY. THE PLAN CAN BE REVIEWED AT THE WEXPRO OFFICE IN ROCK SPRINGS WYOMING WEEKDAYS BETWEEN 7:00 AM AND 5:00 PM

VALVE LEGEND	
TANK # 288	
VALVE # 1 --	OPEN DURING PRODUCTION, SEALED CLOSED DURING SALES
VALVE # 2 --	OPEN DURING SALES, SEALED CLOSED DURING PRODUCTION
VALVE # 3 --	OPEN ONLY TO DRAIN WATER, SEALED CLOSED DURING PRODUCTION



REVISIONS:
03/25/2003 ADDED METHANOL BARREL AND PUMP
03/25/2003 ADDED PRODUCTION PIT DIMENSIONS
12/11/2008 ADDED TANK INFORMATION
5/29/2009 ADD VAPOR LINE TUB & LRGR METH TUB

# FloBoss™ 107 Flow Manager.

The FloBoss™ 107 Flow Manager introduces a new technology platform to the FloBoss family of flow computers that raises the bar for modularity, versatility, performance, and ease of use. Whether you need a single or multi-run flow computer or few or many I/O points, the new FloBoss 107 can accommodate your needs. The FloBoss 107 is the ideal measurement solution for many natural gas applications. These include, but are not limited to:

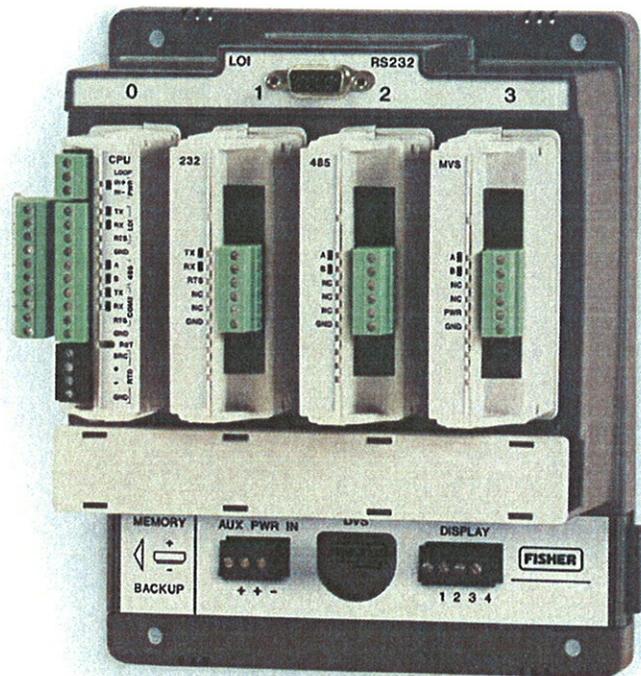
- Custody Transfer
- Wellhead Measurement and Control
- Well Injection Pressure
- Compressor Fuel Gas
- Industrial Gas Usage
- Commercial Gas Usage

The new FloBoss 107 offers you benefits that research has shown flow computer users request. You also get all of the tried and true features of previous FloBoss units such as accurate AGA calculations, data archival, broad communications support, low power consumption, PID loop control, FST control, and operation over extreme temperatures.

**API/AGA/ISO Compliant Flow Measurement.** The FloBoss 107 maintains API Chapter 21.1 compliant historical archives for measured and calculated values, as well as events and alarms. The firmware has the capability to perform AGA3 orifice flow calculations or AGA7 pulse flow calculations using AGA8 compressibility. It also performs ISO 5167 flow calculations. Other gas flow or properties calculations can be implemented using User C programs.

**One to Four Meter Runs.** The FloBoss 107 features a built-in dual-variable sensor (DVS) port and RTD input for handling a single meter run. For multiple runs, an optional multi-variable sensor (MVS) module supports up to four remote MVS units.

**Scalable and Configurable I/O.** You can add a configurable I/O board to the CPU module and up to three configurable I/O modules to the base FloBoss 107. For even more capacity, add an expansion rack to house up to three additional I/O modules.



*FloBoss 107 Base Unit*

**Local or Host Operation.** The FloBoss 107 is configured and operated on-site using our Windows® based ROCLINK™ 800 Configuration Software. The FloBoss 107 can also be configured and operated from a computer running popular host software packages. Modbus ASCII and RTU slave or host protocols, as well as native ROC protocol, are supported.

**More Communication Choices.** The FloBoss 107 comes standard with 3 ports: local operator interface, RS-232, and RS-485. One additional port is supported using an expansion communication module.

**Built-in Control Capability.** The FloBoss 107 can perform PID control on 8 loops using analog or discrete outputs. A wide range of control problems can be solved easily and quickly with outstanding results. It can also perform logic and sequencing control by means of Function Sequence Tables (FSTs).

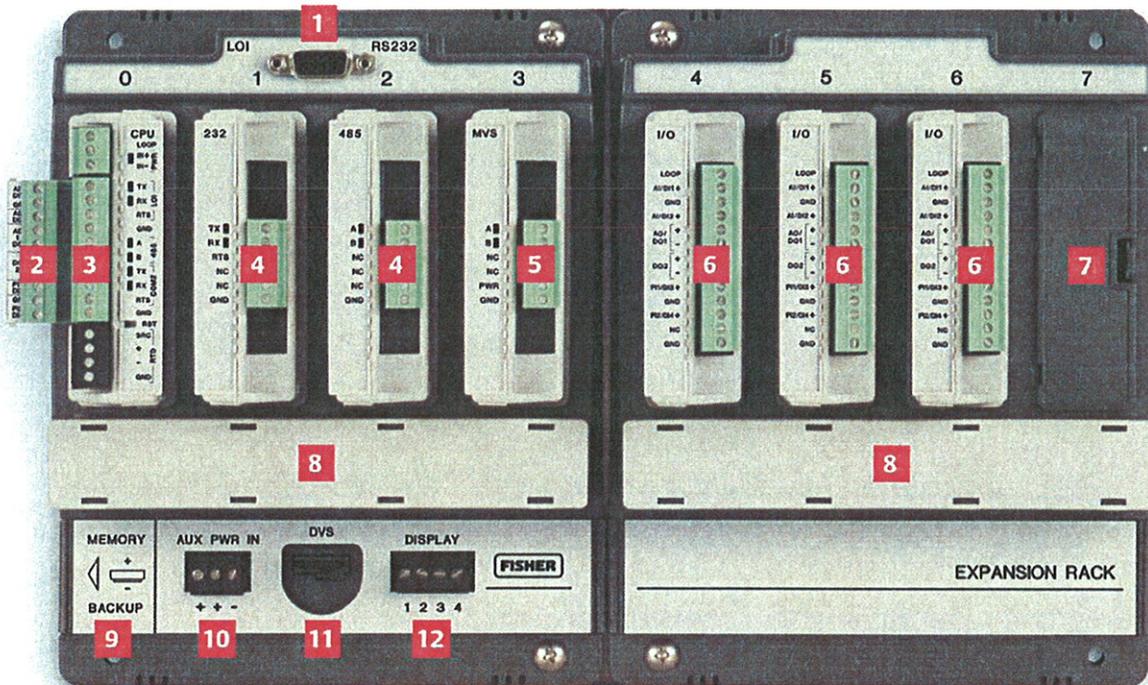
#### Remote Automation Solutions

Phone (641) 754-3449 Toll Free (800) 807-0730 (US & Canada only)

FAX (641) 754-3630

Website: [www.EmersonProcess.com/flow](http://www.EmersonProcess.com/flow)





*Base unit (left) provides the backplane, module slots, ports, and electrical interconnections for the FloBoss 107. Dimensions are 204 mm H by 153 mm W by 140 mm D (8 in. H by 6 in. W by 5.5 in. D). Expansion rack (right) plugs into base unit and provides backplane and slots for additional modules. (Same dimensions as base unit).*

- 1** Local operator interface port (RS-232) communicates to a laptop or similar PC device for local configuration and data retrieval.
- 2** I/O card is available for the CPU module. Five of the six I/O points are configurable by type (AI/DI, AI/DI, AO/DO, DI/PI, DI/PI) and the sixth is a DO.
- 3** CPU module contains the main processing unit, memory, operational firmware, RS-232 port, RS-485 port, and RTD input.
- 4** Communication modules are available for a second RS-232 port or RS-485 port.
- 5** MVS module supports up to six multi-variable sensor units for differential pressure flow measurement. One MVS module can be used in either slot 4 of the base unit or expansion rack.

- 6** I/O modules provide six I/O points (same as I/O card). Up to six I/O modules can be plugged into the FloBoss 107. 24 Vdc loop power is provided.
- 7** Module slots accommodate I/O and communication modules and are protected by removable covers when not used.
- 8** Covered wiring tray neatly routes field wiring to and from modules.
- 9** Battery compartment uses lithium battery to backup RAM in the CPU.
- 10** Input power range for the FloBoss 107 and I/O is 8 to 30 Vdc.
- 11** DVS port provides a serial data link to a dual-variable sensor (DVS) unit.
- 12** Display port connects a keypad / display unit to the FloBoss 107. Supports ROC and Modbus slave protocols.

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ISO 9001:2000



Certificate No. 004372  
Certificate No. 005912

D351406X012 / Printed in USA / 5M / 12-06

**RECEIVED** November 02, 2009

# MVS205 Multi-Variable Sensor

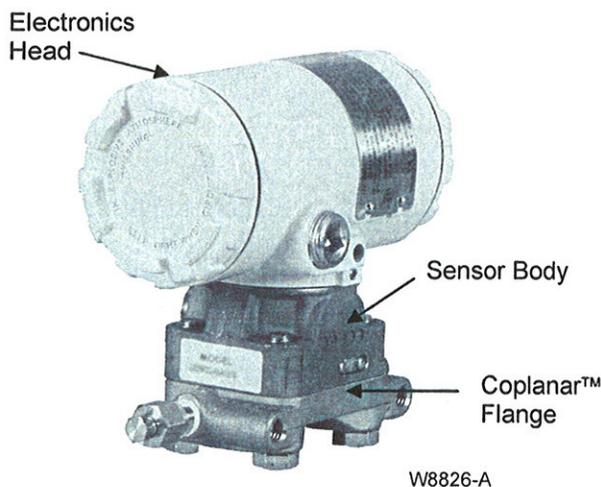
The MVS205 Multi-Variable Sensor (version 1.12 or greater) provides static pressure, differential pressure, and process temperature inputs directly to a ROC 300/800 Series Remote Operations Controller or FloBoss™ 407/500 Series Flow Manager. The inputs from an MVS sensor are used in performing differential pressure type calculations. The MVS205 typically operates as a remote unit that communicates via a serial format.

FloBoss 407 units may use a remote or integral MVS205 sensor. ROC300-Series controllers must be equipped with a Remote MVS Interface (CMA8H). FloBoss 500-Series units must be equipped with a Remote MVS Interface (CR1).

### Variables

Functionally, the MVS is a sensor device that measures three flow-related variables simultaneously: differential pressure, static pressure, and temperature. These variables are continuously available to the FloBoss or ROC unit that polls the MVS.

An external three or four-wire RTD is used to sense the process temperature. **The RTD sensor is connected directly to the interface circuit board in the MVS sensor housing.** User-supplied RTD field wiring is required for the connection.



MVS205 Multi-Variable Sensor

### Transducer and Interface Circuit

The MVS consists of a transducer and an interface circuit. The transducer, contained in the sensor body, uses capacitance-cell technology to sense differential pressure and piezoresistive technology to sense the static (absolute or gauge) pressure.

The transducer electronics convert the pressure variables directly into a digital format, allowing accurate correction and compensation. The raw temperature is converted by the interface board into digital format. A microprocessor linearizes and corrects the raw pressure signals (from the sensor) using characterization data stored in non-volatile memory.

The interface circuit allows the MVS to connect to and communicate with a ROC or FloBoss using a serial EIA-485 (RS-485) connection. In a Remote MVS, this interface circuit board is enclosed in an explosion-proof electronics head.

### Accuracy

Two versions of the MVS sensor are available: MVS205P with reference accuracy of 0.075% and MVS205E with reference accuracy of 0.10%.

### Mounting

Attached to the bottom of the sensor body is a Coplanar™ flange. This flange, which provides drain/vent valves, allows the MVS to be mounted on a pipestand, on a wall or panel, or on an integral orifice assembly or manifold valve.

### Approvals

A list of North American approvals can be found in the Specifications table on page 2. For information on the European ATEX approved version, please refer to Specification Sheet 2.5:MVSCE.

D301079X012

**Specifications**

**DIFFERENTIAL PRESSURE INPUT**

**Range:** 0 to 6.22 kPa (0 to 25" H<sub>2</sub>O),  
0 to 62.2 kPa (0 to 250" H<sub>2</sub>O), or  
0 to 248.8 kPa (0 to 1000" H<sub>2</sub>O).

**Reference Accuracy:**

±0.075% of URL (upper range limit) (for MVS205P)  
±0.10% of URL (for MVS205E).  
Includes linearity, hysteresis, and repeatability effects for spans up to 10:1 turndown.

**Stability:** ±0.1% of URL for 12 months.

**Over Pressure Limit:** 250 bar (3626 psi) Applied on either or both sides without damage to the sensor.

**STATIC PRESSURE INPUT**

**Range:** Either Absolute or Gauge:  
0 to 5516 kPa (0 to 800 psia/psig)  
0 to 25,000 kPa (0 to 3626 psia/psig)

**Reference Accuracy:**

±0.075% of URL (for MVS205P)  
±0.10% of URL (for MVS205E).  
Includes linearity, hysteresis, and repeatability effects) for spans up to 6:1 turndown.

**Stability:** ±0.1% of URL for 12 months.

**Over Pressure Limit:** Same as URL.

**PROCESS TEMPERATURE INPUT (MVS205 REMOTE ONLY)**

**Type:** For 3 or 4-wire platinum 100-ohm RTD (conforming to IEC 751 Class B), with  $\alpha = 0.00385$ .

**Range:** -40 to 400°C (-40 to 752°F).

**Reference Accuracy:** ±0.28°C (±0.5°F), exclusive of RTD sensor error. Specification includes linearity, hysteresis, and repeatability effects.

**Excitation Current:** 1.24 mA.

**OUTPUT (MVS205 REMOTE ONLY)**

EIA-485 (RS-485) asynchronous serial communication using Modbus protocol for up to 605 m (2000 ft) distance.

**POWER**

**Input at 0 to 75°C:** 8 to 30 V dc, 245 mW average.

**Input at -40 to 0°C:** 8.5 to 30 V dc, 245 mW average.

Supplied by ROC, FloBoss, or Remote MVS Interface.

**WEIGHT**

Including head, 3.0 kg (6.7 lb).

**ENVIRONMENTAL**

**Operating Temperature:** -40 to 75°C (-40 to 167°F).

**Storage Temperature:** -50 to 100°C (-58 to 230°F).

**Operating Humidity:** 0 to 99%, non-condensing.

**DIMENSIONS**

147 mm H by 163 mm W by 84 mm D (5.8 in. H by 6.4 in. W by 3.3 in. D).

**VIBRATION EFFECT**

Sensor outputs shall not shift more than +0.1% of upper range limit per g from 5 to 2000 Hz in any axis when tested per IEC 770, Section 6.2.14.

**CONSTRUCTION**

**Sensor Body and Coplanar Flange:** 316 SST.

**Wetted Parts:** 316 SST is standard; Hastelloy C (NACE compliant) is available. Wetted O-rings are glass-filled TFE.

**Electronics Head (MVS205 Remote):** Urethane-painted die-cast aluminum alloy, rated Type 4X.

**MOUNTING (MVS205 REMOTE ONLY)**

**Pipestand:** Mounts on 50 mm (2 in.) pipe with U-bolt and optional flange bracket.

**Wall/panel:** Mounts with optional flange bracket, bolted on 71 mm (2.8 in.) centers.

**CONNECTIONS**

**Conduit:** Head has two 1/2-inch NPT connections.

**Process:** 1/4-18 NPT on 2-1/8 inch centers.

**APPROVALS (MVS205 REMOTE ONLY)**

**Evaluated per the Following Standards:**

CSA C22.2 No. 30.

CSA C22.2 No. 213.

UL 1203, UL 1604.

**Certified by CSA as:** MVS205R Models RSE or RSP Series.

**Product Markings for Hazardous Locations:**

Class I, Division 1, Groups C and D.

Class I, Division 2, Groups A, B, C, and D, T5

(T<sub>amb</sub>=70°C), T4 (T<sub>amb</sub>=75°C).

**Approved by Industry Canada** for use with approved flow computers. Approved as MVS205R Series Remote Sensors (Measurement Canada approval # AG-0412).

**Approved by the Alberta Boilers Safety**

**Association:** Approval # 0F0792.2

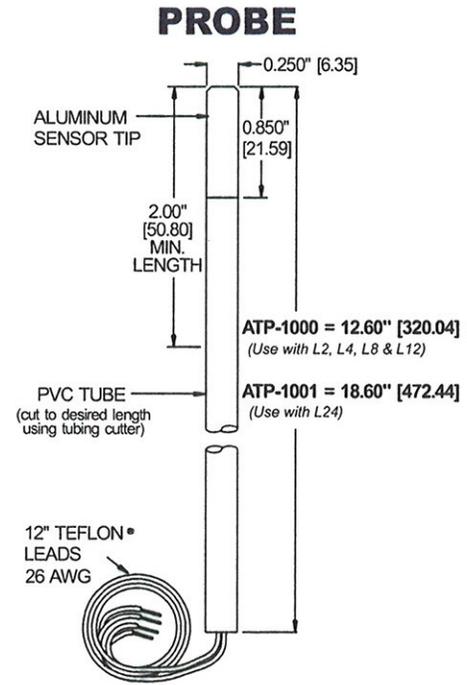
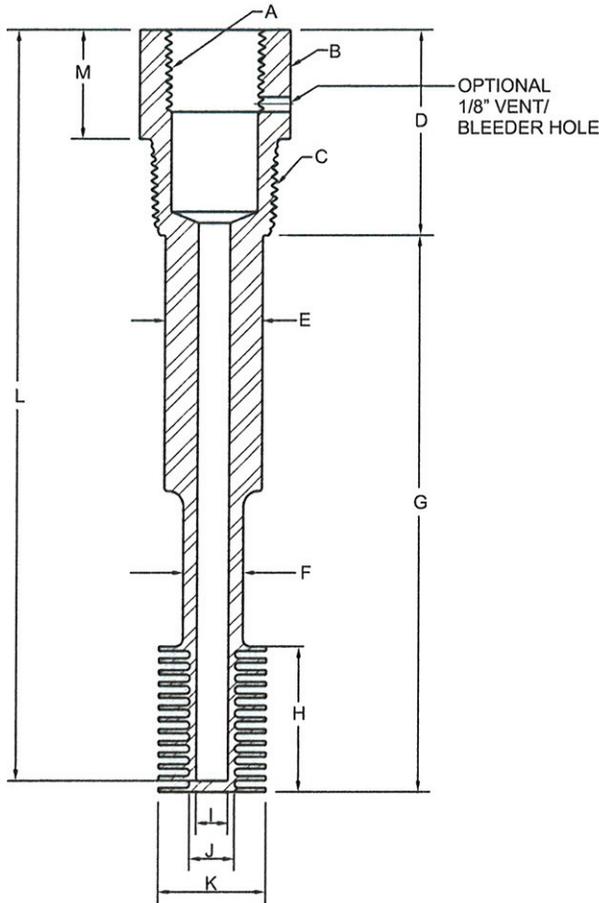
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**Emerson Process Management**  
**Flow Computer Division**  
Marshalltown, IA 50158 U.S.A.  
Houston, TX 77041 U.S.A.  
Pickering, North Yorkshire UK Y018 7JA



# Thermosync Specifications

## THERMOSYNC MODEL NO. DIMENSIONS



**ATP-1000 & ATP-1001 Probe Specifications:**  
**Type:** 4-Wire Platinum Wire-Wound RTD Element  
**Resistance:** 100 Ohms at 0°C (IEC 751)  
**Alpha Coefficient:** .00385  
**Accuracy:** ±0.05°C  
**Temp. Range:** -40°C to +60°C  
 -40°F to +140°F  
**Calibration/Accuracy Certification Service Available.**

Part Number	PROCESS CONN.												
	A	B	C	D	E	F	G	H	I	J	K	L	M
TAN-12C0-L2	1/2" NPT	1.25"	1/2" NPT	1.69"	0.633	.495"	2.22"	1.20"	.260"	.37"	.645"	3.89"	.90"
TAN-12C0-L4	1/2" NPT	1.25"	1/2" NPT	1.69"	0.633	.495"	2.96"	1.20"	.260"	.37"	.645"	4.75"	.90"
TAN-12C0-L8	1/2" NPT	1.25"	1/2" NPT	1.69"	0.633	.495"	4.59"	1.20"	.260"	.37"	.645"	6.37"	.90"
TAN-12C0-L12	1/2" NPT	1.25"	1/2" NPT	1.69"	0.633	N/A	6.66"	1.20"	.260"	.37"	.645"	8.45"	.90"
TAN-12C0-L24	1/2" NPT	1.25"	1/2" NPT	1.69"	0.633	N/A	9.89"	1.20"	.260"	.37"	.645"	11.67"	.90"
TAN-34C0-L2	1/2" NPT	1.25"	3/4" NPT	1.69"	0.808	.495"	2.22"	1.20"	.260"	.37"	.85"	3.82"	.90"
TAN-34C0-L4	1/2" NPT	1.25"	3/4" NPT	1.69"	0.808	.495"	2.96"	1.20"	.260"	.37"	.85"	4.56"	.90"
TAN-34C0-L8	1/2" NPT	1.25"	3/4" NPT	1.69"	0.808	.495"	4.59"	1.20"	.260"	.37"	.85"	6.20"	.90"
TAN-34C0-L12	1/2" NPT	1.25"	3/4" NPT	1.69"	0.808	N/A	6.66"	1.20"	.260"	.37"	.85"	8.26"	.90"
TAN-34C0-L24	1/2" NPT	1.25"	3/4" NPT	1.69"	0.808	N/A	9.89"	1.20"	.260"	.37"	.85"	11.48"	.90"
TAN-10C0-L4	1/2" NPT	1.375"	1" NPT	1.69"	0.808	.495"	2.96"	1.20"	.260"	.37"	.85"	4.75"	.90"
TAN-10C0-L8	1/2" NPT	1.375"	1" NPT	1.69"	0.808	.495"	4.59"	1.20"	.260"	.37"	.85"	6.37"	.90"
TAN-10C0-L12	1/2" NPT	1.375"	1" NPT	1.69"	0.808	N/A	6.66"	1.20"	.260"	.37"	.85"	8.45"	.90"
TAN-10C0-L24	1/2" NPT	1.375"	1" NPT	1.69"	0.808	N/A	9.89"	1.20"	.260"	.37"	.85"	11.67"	.90"

**All Thermowells:**  
**Material:** 316L SS  
**Press/Temp:** 4900 PSI Max @ 330° F  
**Flow:** 100 FPS (L2, L4, L8, L12) or 50 FPS (L24) max in 1000 PSI Natural Gas  
**Optional Vent/Bleeder Hole Available**  
**Additional Plug & Chain Assembly Available**

**NOTE:** Use a thermal coupling paste or fluid to couple the probe to the well ONLY in the lower .5 inches of the well. DO NOT fill the well with thermal coupling fluid. Spring load the probe to contact the bottom of the well.

U.S. PATENTED - FOREIGN PATENTS PENDING

TDOC-4 REV.11 1-21-03

<b>STATE OF UTAH</b> DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		<b>FORM 9</b>
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b>  Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		<b>5. LEASE DESIGNATION AND SERIAL NUMBER:</b> SL-045049
		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME:</b>
<b>1. TYPE OF WELL</b> Gas Well		<b>7. UNIT or CA AGREEMENT NAME:</b> CLAY BASIN
<b>2. NAME OF OPERATOR:</b> WEXPRO COMPANY		<b>8. WELL NAME and NUMBER:</b> CLAY BASIN UNIT 16
<b>3. ADDRESS OF OPERATOR:</b> P.O. Box 458 , Rock Springs, WY, 82902		<b>9. API NUMBER:</b> 43009300030000
<b>PHONE NUMBER:</b> 307 922-5612 Ext		<b>9. FIELD and POOL or WILDCAT:</b> CLAY BASIN
<b>4. LOCATION OF WELL</b> <b>FOOTAGES AT SURFACE:</b> 1995 FNL 0662 FWL <b>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:</b> Qtr/Qtr: SWNW Section: 25 Township: 03.0N Range: 24.0E Meridian: S		<b>COUNTY:</b> DAGGETT
		<b>STATE:</b> UTAH

11.

CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> CASING REPAIR
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 10/17/2012	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> CHANGE WELL NAME
<input type="checkbox"/> SPUD REPORT Date of Spud:	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> CONVERT WELL TYPE
<input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> NEW CONSTRUCTION
	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> PLUG BACK
	<input checked="" type="checkbox"/> PRODUCTION START OR RESUME	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION
	<input type="checkbox"/> REPERFORATE CURRENT FORMATION	<input type="checkbox"/> SIDETRACK TO REPAIR WELL	<input type="checkbox"/> TEMPORARY ABANDON
	<input type="checkbox"/> TUBING REPAIR	<input type="checkbox"/> VENT OR FLARE	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> WATER SHUTOFF	<input type="checkbox"/> SI TA STATUS EXTENSION	<input type="checkbox"/> APD EXTENSION
	<input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> OTHER	OTHER: <input type="text"/>

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

The above well Resumed Production on October 17, 2012 at 11:00 AM,  
after being off for more than 90 days.

**Accepted by the  
Utah Division of  
Oil, Gas and Mining  
FOR RECORD ONLY  
October 23, 2012**

<b>NAME (PLEASE PRINT)</b> Paul Jibson	<b>PHONE NUMBER</b> 307 352-7561	<b>TITLE</b> Permit Agent
<b>SIGNATURE</b> N/A	<b>DATE</b> 10/18/2012	

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b>		<b>5. LEASE DESIGNATION AND SERIAL NUMBER:</b> SL-045049
Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME:</b>
		<b>7. UNIT or CA AGREEMENT NAME:</b> CLAY BASIN
<b>1. TYPE OF WELL</b> Gas Well	<b>8. WELL NAME and NUMBER:</b> CLAY BASIN UNIT 16	
<b>2. NAME OF OPERATOR:</b> WEXPRO COMPANY	<b>9. API NUMBER:</b> 43009300030000	
<b>3. ADDRESS OF OPERATOR:</b> P.O. Box 458 , Rock Springs, WY, 82902	<b>PHONE NUMBER:</b> 307 922-5612 Ext	<b>9. FIELD and POOL or WILDCAT:</b> CLAY BASIN
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	<b>STATE:</b> UTAH	
11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
<b>TYPE OF SUBMISSION</b>	<b>TYPE OF ACTION</b>	
<input checked="" type="checkbox"/> <b>NOTICE OF INTENT</b> Approximate date work will start: <b>3/15/2013</b>	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input checked="" type="checkbox"/> OTHER
<input type="checkbox"/> <b>SUBSEQUENT REPORT</b> Date of Work Completion:	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION	OTHER: <input type="text" value="Production Equipment"/>
<b>12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.</b> Wexpro Company, requests approval to upgrade the existing production equipment on the above mentioned well location. The dehy will be removed and replaced with a ProPack. Also, a new meter run and meter building will be installed. All new equipment will be installed on existing disturbance and there will be no new additional surface disturbance. The new equipment will be painted the approved BLM color to match the existing production equipment on location. Upon completion of the new production equipment installation an updated Site Facility Diagram will be submitted to the Vernal BLM Field Office.		
<b>Accepted by the Utah Division of Oil, Gas and Mining FOR RECORD ONLY</b> February 20, 2013		
<b>NAME (PLEASE PRINT)</b> Paul Jibson	<b>PHONE NUMBER</b> 307 352-7561	<b>TITLE</b> Permit Agent
<b>SIGNATURE</b> N/A	<b>DATE</b> 2/20/2013	

<b>STATE OF UTAH</b> DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING	<b>FORM 9</b>
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<b>3. ADDRESS OF OPERATOR:</b> P.O. Box 458 , Rock Springs, WY, 82902	
<b>PHONE NUMBER:</b> 307 922-5612 Ext	
<b>4. LOCATION OF WELL</b> <b>FOOTAGES AT SURFACE:</b> 1995 FNL 0662 FWL <b>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:</b> Qtr/Qtr: SWNW Section: 25 Township: 03.0N Range: 24.0E Meridian: S	

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> CASING REPAIR
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 12/23/2013	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> CHANGE WELL NAME
<input type="checkbox"/> SPUD REPORT Date of Spud:	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> CONVERT WELL TYPE
<input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> NEW CONSTRUCTION
	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> PLUG BACK
	<input checked="" type="checkbox"/> PRODUCTION START OR RESUME	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION
	<input type="checkbox"/> REPERFORATE CURRENT FORMATION	<input type="checkbox"/> SIDETRACK TO REPAIR WELL	<input type="checkbox"/> TEMPORARY ABANDON
	<input type="checkbox"/> TUBING REPAIR	<input type="checkbox"/> VENT OR FLARE	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> WATER SHUTOFF	<input type="checkbox"/> SI TA STATUS EXTENSION	<input type="checkbox"/> APD EXTENSION
	<input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> OTHER	OTHER: <input style="width: 100px;" type="text"/>

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

The above well Resumed Production on December 23, 2013, after being off for more than 90 days.

**Accepted by the**  
**Utah Division of**  
**Oil, Gas and Mining**  
**FOR RECORD ONLY**  
 January 09, 2014

<b>NAME (PLEASE PRINT)</b> Paul Jibson	<b>PHONE NUMBER</b> 307 352-7561	<b>TITLE</b> Permit Agent
<b>SIGNATURE</b> N/A	<b>DATE</b> 12/26/2013	

<b>STATE OF UTAH</b> DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		<b>FORM 9</b>
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b>		<b>5. LEASE DESIGNATION AND SERIAL NUMBER:</b> SL-045049
Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME:</b>
<b>1. TYPE OF WELL</b> Gas Well		<b>7. UNIT or CA AGREEMENT NAME:</b> CLAY BASIN
<b>2. NAME OF OPERATOR:</b> WEXPRO COMPANY		<b>8. WELL NAME and NUMBER:</b> CLAY BASIN UNIT 16
<b>3. ADDRESS OF OPERATOR:</b> P.O. Box 458 , Rock Springs, WY, 82902		<b>9. API NUMBER:</b> 43009300030000
<b>4. LOCATION OF WELL</b> <b>FOOTAGES AT SURFACE:</b> 1995 FNL 0662 FWL <b>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:</b> Qtr/Qtr: SWNW Section: 25 Township: 03.0N Range: 24.0E Meridian: S		<b>9. FIELD and POOL or WILDCAT:</b> CLAY BASIN
		<b>COUNTY:</b> DAGGETT
		<b>STATE:</b> UTAH
11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
<b>TYPE OF SUBMISSION</b>	<b>TYPE OF ACTION</b>	
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE	
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 10/25/2014	<input type="checkbox"/> ALTER CASING	
<input type="checkbox"/> SPUD REPORT Date of Spud:	<input type="checkbox"/> CASING REPAIR	
<input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	
	<input type="checkbox"/> CHANGE TUBING	
	<input type="checkbox"/> CHANGE WELL STATUS	
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	
	<input type="checkbox"/> CONVERT WELL TYPE	
	<input type="checkbox"/> DEEPEN	
	<input type="checkbox"/> FRACTURE TREAT	
	<input type="checkbox"/> NEW CONSTRUCTION	
	<input type="checkbox"/> OPERATOR CHANGE	
	<input type="checkbox"/> PLUG AND ABANDON	
	<input type="checkbox"/> PLUG BACK	
	<input checked="" type="checkbox"/> PRODUCTION START OR RESUME	
	<input type="checkbox"/> RECLAMATION OF WELL SITE	
	<input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION	
	<input type="checkbox"/> REPERFORATE CURRENT FORMATION	
	<input type="checkbox"/> SIDETRACK TO REPAIR WELL	
	<input type="checkbox"/> TEMPORARY ABANDON	
	<input type="checkbox"/> TUBING REPAIR	
	<input type="checkbox"/> VENT OR FLARE	
	<input type="checkbox"/> WATER DISPOSAL	
	<input type="checkbox"/> WATER SHUTOFF	
	<input type="checkbox"/> SI TA STATUS EXTENSION	
	<input type="checkbox"/> WILDCAT WELL DETERMINATION	
	<input type="checkbox"/> OTHER: <input style="width: 100px;" type="text"/>	
12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.		
The above well resumed production on October 25, 2014; after being off more than 90 days.		
<b>Accepted by the          Utah Division of          Oil, Gas and Mining          FOR RECORD ONLY          October 31, 2014</b>		
<b>NAME (PLEASE PRINT)</b> Paul Jibson	<b>PHONE NUMBER</b> 307 352-7561	<b>TITLE</b> Permit Agent
<b>SIGNATURE</b> N/A		<b>DATE</b> 10/28/2014

<b>STATE OF UTAH</b> DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		<b>FORM 9</b>
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b>  Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		<b>5. LEASE DESIGNATION AND SERIAL NUMBER:</b> SL-045049
		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME:</b>
<b>1. TYPE OF WELL</b> Gas Well		<b>7. UNIT or CA AGREEMENT NAME:</b> CLAY BASIN
<b>2. NAME OF OPERATOR:</b> WEXPRO COMPANY		<b>8. WELL NAME and NUMBER:</b> CLAY BASIN UNIT 16
<b>3. ADDRESS OF OPERATOR:</b> P.O. Box 458 , Rock Springs, WY, 82902		<b>9. API NUMBER:</b> 43009300030000
<b>PHONE NUMBER:</b> 307 922-5612 Ext		<b>9. FIELD and POOL or WILDCAT:</b> CLAY BASIN
<b>4. LOCATION OF WELL</b> <b>FOOTAGES AT SURFACE:</b> 1995 FNL 0662 FWL <b>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:</b> Qtr/Qtr: SWNW Section: 25 Township: 03.0N Range: 24.0E Meridian: S		<b>COUNTY:</b> DAGGETT
		<b>STATE:</b> UTAH

11.

CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> CASING REPAIR
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 10/30/2015	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> CHANGE WELL NAME
<input type="checkbox"/> SPUD REPORT Date of Spud:	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> CONVERT WELL TYPE
<input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> NEW CONSTRUCTION
	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> PLUG BACK
	<input checked="" type="checkbox"/> PRODUCTION START OR RESUME	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION
	<input type="checkbox"/> REPERFORATE CURRENT FORMATION	<input type="checkbox"/> SIDETRACK TO REPAIR WELL	<input type="checkbox"/> TEMPORARY ABANDON
	<input type="checkbox"/> TUBING REPAIR	<input type="checkbox"/> VENT OR FLARE	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> WATER SHUTOFF	<input type="checkbox"/> SI TA STATUS EXTENSION	<input type="checkbox"/> APD EXTENSION
	<input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> OTHER	OTHER: <input style="width: 100px;" type="text"/>

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

This well resumed production on October 30, 2015 after being off more than 90 days.

**Accepted by the  
Utah Division of  
Oil, Gas and Mining  
FOR RECORD ONLY  
November 06, 2015**

<b>NAME (PLEASE PRINT)</b> Tammy Fredrickson	<b>PHONE NUMBER</b> 307 352-7514	<b>TITLE</b> Senior Permit Agent
<b>SIGNATURE</b> N/A	<b>DATE</b> 11/5/2015	

<b>STATE OF UTAH</b> DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING	<b>FORM 9</b>
<b>5.LEASE DESIGNATION AND SERIAL NUMBER:</b> SL-045049	
<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME:</b>	
<b>7.UNIT or CA AGREEMENT NAME:</b> CLAY BASIN	
<b>8. WELL NAME and NUMBER:</b> CLAY BASIN UNIT 16	
<b>9. API NUMBER:</b> 43009300030000	
<b>9. FIELD and POOL or WILDCAT:</b> CLAY BASIN	
<b>COUNTY:</b> DAGGETT	
<b>STATE:</b> UTAH	

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

<b>1. TYPE OF WELL</b> Gas Well	
<b>2. NAME OF OPERATOR:</b> WEXPRO COMPANY	
<b>3. ADDRESS OF OPERATOR:</b> P.O. Box 458 , Rock Springs, WY, 82902	<b>PHONE NUMBER:</b> 307 922-5612 Ext
<b>4. LOCATION OF WELL</b> <b>FOOTAGES AT SURFACE:</b> 1995 FNL 0662 FWL <b>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:</b> Qtr/Qtr: SWNW Section: 25 Township: 03.0N Range: 24.0E Meridian: S	

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> <b>NOTICE OF INTENT</b> Approximate date work will start: 9/16/2016	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> CASING REPAIR
<input type="checkbox"/> <b>SUBSEQUENT REPORT</b> Date of Work Completion:	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> CHANGE WELL NAME
<input type="checkbox"/> <b>SPUD REPORT</b> Date of Spud:	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> CONVERT WELL TYPE
<input type="checkbox"/> <b>DRILLING REPORT</b> Report Date:	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> NEW CONSTRUCTION
	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> PLUG BACK
	<input type="checkbox"/> PRODUCTION START OR RESUME	<input checked="" type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION
	<input type="checkbox"/> REPERFORATE CURRENT FORMATION	<input type="checkbox"/> SIDETRACK TO REPAIR WELL	<input type="checkbox"/> TEMPORARY ABANDON
	<input type="checkbox"/> TUBING REPAIR	<input type="checkbox"/> VENT OR FLARE	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> WATER SHUTOFF	<input type="checkbox"/> SI TA STATUS EXTENSION	<input type="checkbox"/> APD EXTENSION
	<input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> OTHER	OTHER: <input style="width: 100px;" type="text"/>

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Wexpro Company intends to close the pit on the above listed location. Soil samples will be obtained upon approval. Soil analysis results meeting requirements will be submitted via sundry with a request for approval to close the pit.

Approved by the  
**October 27, 2016**  
 Oil, Gas and Mining

Date: \_\_\_\_\_

By: 

<b>NAME (PLEASE PRINT)</b> April Stegall	<b>PHONE NUMBER</b> 307 352-7561	<b>TITLE</b> Reclamation Agent
<b>SIGNATURE</b> N/A	<b>DATE</b> 9/15/2016	